2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

GULANUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # L02000020831 1. Entity Name 04-14-2004 90287 044 ****50.00 WARTHOG ENTERPRISES, LLC Principal Place of Business Mailing Address 1015 NORTH "O" STREET LAKE WORTH FL 33460 1015 NORTH "O" STREET LAKE WORTH FL 33460 4042854 2. Principal Place of Business Mailing Address wheel ane ane Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 82-0559795 Coa Not Applicable Zio Country Zin Country \$5.00 Additional 5. Certificate of Status Desired US 32164 けら Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, SUZANNE C Street Address (P.O. Box Number is Not Acceptable) 1015 NORTH "O" STREET LAKE WORTH FL 33460 Zip Code 32164 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE Change ☐ Addition NAME LEWIS, SUZANNE C NAME 3 Wheeling Lane STREET ADDRESS 1015 NORTH "O" STREET STREET ADDRESS Palm Coust, F1. 32164 CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE **MGRM** Defete TITLE Addition NAME TRUTWIN, CARRIE L NAME 3 Wheeling Lane STREET ADDRESS 1015 NORTH "O" STREET STREET ADDRESS Palm Coast, \$1, 32164 CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP MGRM_______ Delete_ TITLE ☐ Change ☐ Addition NAME NAME LEWIS, REID M 3 wheeling Lane-STREET ADDRESS STREET ADDRESS 1015 NORTH "O" STREE Palm Coast, Fl. 32164 CITY-ST-7IP CITY-ST-78P LAKE WORTH FL 33460 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

zanne C. Lewis 4/10/04

FILED