2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT (AR) Apr 19, 2004 8:00 am Secretary of State DOCUMENT # L02000020948 1. Entity Name 04-19-2004 90041 044 ****55.00 DIONYSUS HOLDINGS, LLC Principal Place of Business Mailing Address 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER FL 33477 201 N. U.S. HIGHWAY 1, SUITE D-5 JUPITER FL 33477 2. Principal Place of Business 3501 PGA Blvd. 3. Mailing Address 3501 PGA Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE Suite 201 Suite 201 City & State City & State 4. FEI Number Applied For 54-2078039 Not Applicable Palm Beach Garden. Palm Beach Gardens. Zip 33410 \$5.00 Additional 5. Certificate of Status Desired Palm Beach 33410 Palm Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEGOSEN, DEAN-ESQ. Street Address (P.O. Box Number is Not Acceptable) NORTHBRIDGE TOWER I, 18TH FLOOR 515 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State <u>ب</u> Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE 🐍 MGR XX Change ☐ Delete Addition 3501 PGA Blvd. NAME MENIN, CRAIG NAME STREET ADDRESS 201 N. U.S. HIGHWAY 1, SUITE D-5 STREET ADDRESS Suite 201 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE MGR ☐ Delete TITLE X X X Change JACOBY, ROBERT C NAME 3501 PGA Blvd., Suite 201 STREET ADDRESS 201 N. U.S. HIGHWAY 1, SUITE D-5 STREET ADDRESS PalmcBeach Gardens, FL 33410 CITY-ST-ZIP JUPITÈR FL 33477 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET-ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE