2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 MAY 13 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021765

1. Entity Name
JANUS TRANSFER ASSOCIATES LLC

05072004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2336 SE OCEAN BLVD # 186 STUART, FL 34996-3310 US	2336 SE OCEAN BLVD # 186 STUART, FL 34996-3310 US

2. Principal Place of Business	3. Mailing Address
4092 LEE Highway	4092 Lee Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arlington VA	City & State: Arlington VA
Zip: 22207 Country: USA	Zip: 22207 Country: USA

4. FEI Number: 47-0884615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER-BARTAK, CLAUS DR
2336 SE OCEAN BLVD
186
STUART, FL 34996-3310

7. Name and Address of New Registered Agent

Name: Corp Direct Agents
Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian
City: Tallahassee FL Zip Code: 32301

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: Ed B L Asst. Secretary — 5/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ RUPPANNER, PAUL A 930 LARGO MAR LANE BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER 44 COYOTE MOUNTAIN RD SANTA FE, NM 87505	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WAGNER-BARTAK, CLAUS G 4092 LEE HIGHWAY ARLINGTON, VA 22207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400036932294 05/19/04--01056--003 **55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 5/7/04 305 577-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #