2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

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06-17-2004 90102 012 ****50.00

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06092004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000022490

1. Entity Name
SLA MANAGEMENT LLC

Principal Place of Business	Mailing Address
210 SALVADOR SQUARE WINTER PARK, FL 32789	210 SALVADOR SQUARE WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
1410 GENE ST	[illegible]
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FLA	City & State
Zip: 32789 Country: ORANGE	Zip Country

4. FEI Number APPLIED FOR 481277477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTSON, BRIAN
210 SALVADOR SQUARE
WINTER PARK, FL 32789
> address change

7. Name and Address of New Registered Agent

Name: B. ALBERTSON
Street Address (P.O. Box Number is Not Acceptable): 235 E. KINGS WAY
City: Winter Park, FL Zip Code: 32789

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] manager DATE 6/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR ALBERTSON, BRIAN 210 SALVADOR SQUARE WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN ALBERTSON 235 E. KINGS WAY Winter PARK, FLA 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] MANAGER 6/29/04 4077407677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #