2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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06092004 Chg-LLC CR2E003 (10/03)

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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	
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	7. Name and Address of New Registered Agent
ALBERTSON, BRIAN 210 SALVADOR SQUARE WINTER PARK, FL 32789 address change	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: B. Albert 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	MGR ☐ Delete	TITLE	BRIAN ALBERTSON ☒ Change ☐ Addition
NAME	ALBERTSON, BRIAN	NAME	235 E. KINGS WAY
STREET ADDRESS	210 SALVADOR SQUARE	STREET ADDRESS	WINTER PARK, FLA 32789
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	TITLE	☐ Change ☐ 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	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.

SIGNATURE: B. Albert MANAGER — Date: 6/29/04 — Daytime Phone #: 4077407677

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