2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State
04-30-2004 90079 048 ****50.00

DOCUMENT # L02000024518

1. Entity Name
KATZEN, LLC

34006727

Principal Place of Business	Mailing Address
611 S FT HARRISON 140 CLEARWATER, FL 33756 US	611 S FT HARRISON 140 CLEARWATER, FL 33756 US

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
611 S. Fort Harrison	
Suite, Apt. #, etc. 140	Suite, Apt. #, etc. same
City & State Clearwater FL	City & State
Zip 33756 Country US	Zip Country

4. FEI Number 02-0643420 ☐ 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
DODGE, ADRIANA 611 S FT HARRISON STE 140 CLEARWATER, FL 33756	Name Adriana Dodge Street Address (P.O. Box Number is Not Acceptable) 611 S. Fort Harrison Suite 140 City Clearwater FL Zip Code 33756

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) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWLES, MICHAEL 611 S FT HARRISON STE 140 CLEARWATER, FL 33756	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Adriana Dodge 611 S. Fort Harrison #140 Clearwater FL 33756	☐ 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] Adriana Dodge April 26/04 727 5801661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #