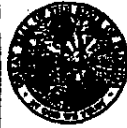
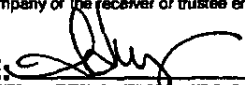


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

04-30-2004 90079 048 ****50.00

DOCUMENT # L02000024518 1. Entity Name KATZEN, LLC					
Principal Place of Business 611 S FT HARRISON 140 CLEARWATER, FL 33756 US			Mailing Address 611 S FT HARRISON 140 CLEARWATER, FL 33756 US		
2. Principal Place of Business 611 S. Fort Harrison Suite, Apt. #, etc. 140 City & State Clearwater FL Zip 33756 Country US		3. Mailing Address Suite, Apt. #, etc. <i>Same</i> City & State <i>Same</i> Zip Country		34006727 	
4. FEI Number 02-0643420				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04282004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DODGE, ADRIANA 611 S FT HARRISON STE 140 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renouncing) 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					
☐ Delete					
☐ Change ☐ Addition					
☐ Delete					
☐ Change ☐ Addition					
☐ Delete					
☐ Change ☐ Addition					
☐ Delete					
☐ 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:  Adriana Dodge April 26/04 727 5801661 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					