2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/13/

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-13-2004 90334 015 ****50.00

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DOCUMENT # L02000025525

1. Entity Name
BLISSFUL ISLAND, LLC

Principal Place of Business	Mailing Address
2545 MANNESOTA BEACH ENGLEWOOD, FL 54223	2545 MANNESOTA BEACH ENGLEWOOD, FL 54223

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2394348 ~~APPLIED FOR~~ ☐ 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
BOGART, DON 2545 MANNESOTA BEACH ENGLEWOOD, FL 54223	Name: Robert A. Dickinson Street Address (P.O. Box Number is Not Acceptable): 460 S. Indiana Avenue City: Englewood FL Zip Code 34223

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 ____ 4/6/04
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 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 BOGART, DONALD W 2545 MANESOTA BEACH ENGLEWOOD, FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Mgr. Donald B. DeWitt, PR of the estate of Donald W. Bogart P.O. Box 1111 Englewood, FL 34295-1111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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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: Donald B. DeWitt 4/5/04 941 475 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #