2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # L02000025804** 04-21-2004 90448 021 ****50.00 R & L PROPERTIES, LLC Mailing Address Principal Place of Business 4776 RADIO RD., #804 4776 RADIO RD., #804 24049630 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State 56-2297726 Not Applicable Country \$5.00 Additional Country Zlo 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLOSKI, LARRY R Street Address (P.O. Box Number is Not Acceptable) 4776 RADIO RD., #804 NAPLES, FL 34104 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGRM Detete ☐ Chance TITLE TITLE PLOSKI, ROBERT NAME NAME 4776 RADIO RD., #804 STREET ACCRESS STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZP Addition MGRM ☐ Delete DILE ☐ Chance TITLE PLOSKI, LARRY: NAME NAME 4776 RADIO RD. #804 STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 COTY-ST-ZP CITY-ST-ZIF ☐ Change Addition MGRM Delete TITLE TITLE Jacqueline M. PLoski NAME NAME 4776 Radio Rd # 804 Ng-ples FL 34104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE MALLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition Delete TITLE 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 cath; 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.

LARRY R.

ATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

PLOSKI

Date

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Daytime Phone t

4/16/04

FILED