## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

## Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90413 014 \*\*\*\*50 00 DOCUMENT # L02000026551 CHANGED CONDITIONS, L.C. 24044401 Mailing Address Principal Place of Business 3100 NW BOCA RATON BOULEVARD 3100 NW BOCA RATON BOULEVARD STE. 114 BOCA RATON, FL 33431 SUITE 114 BOCA RATON, FL 33431 3. Mailing Address 2. Principal Place of Business 3100 NW Boca Raton Blvd. 3100 NW Boca Raton Blvd Suite, Apt. #, etc. Suite #216 Suite, Apt. #, etc 04122004 Chg-LLC CR2E083 (10/03) Suite #216 Applied For City & State Boca Raton, FL 4. FEI Number City & State Boca Raton, FL NOT APPLICABLE Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 33431 33431 Palm Bch Palm Bch Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRAMER, BONNIE S Street Address (P.O. Box Number is Not Acceptable) 3100 NW BOCA RATON BOULEVARD 3100 NW Boca Raton Blvd. SUITE 114 Suite #216 BOCA RATON, FL 33431 <sup>Zip</sup>£33431 Boca Raton 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 of registered agent. waner SIGNAT ered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE XXX Change ☐ Addition CRAMER, BONNIE S MGRM NAME NAME 3100 NW Boca Raton Blvd #216 3100 NW BOCA RATON BLVD #114 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 ☐ Delete TITLE Change ☐ Addition CRAMER, COURTNEY L MGR NAME NAME STREET ADDRESS 3100 NW BOCA RATON BLVD #114 STREET ADDRESS 3100 NW Boca Raton Blvd #216 BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33431 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

S.Cramer

**FILED**