2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## -FILED DOCUMENT # L02000027620 Feb 28, 2004 08:00 AM Secretary of State 1. Entity Name IHIW, LLC Principal Place of Business Mailing Address 3590 MISTLETOE LANE LONG BOAT KEY FL 34228 3590 MISTLETOE LANE LONG BOAT KEY FL 34228 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE --CR2E083 (11/03) City & State City & State Applied For 4. FE! Number 65-1166136 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEDDER, JOEL D Street Address (P.O. Box Number is Not Acceptable) 3590 MISTLETOE LANE LONG BOAT KEY FL 34228 Zıp Code City 8. The above named ephty 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. nd Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Change ☐ Addition ☐ Delete TITLE MGR TITLE NAME FEDDER, JOEL D NAME 3590 MISTLETOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONG BOAT KEY FL 34228 City-ST-ZIP U00000071450 □ Change 03/01/04-80071-017 50.00 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 postee empowered to execute this report as required by Chapter 608, Florida Statutes.