2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L02000028347

Entity Name: PUCK KEY INVESTMENTS L-3 LLC

Current Principal Place of Business:

5100 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486

New Principal Place of Business:

C/O CUMMINGS & LOCKWOOD LLC
3001 TAMIAMI TRAIL N., 4TH FLOOR
NAPLES, FL 34103

Current Mailing Address:

5100 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486

New Mailing Address:

C/O CUMMINGS & LOCKWOOD LLC
3001 TAMIAMI TRAIL N., 4TH FLOOR
NAPLES, FL 34103

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOPMAN, JONATHAN E ESQUIRE
C/O GREENBERG TRAURIG, P.A.
5100 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL N.
4TH FLOOR
NAPLES, FL 34103 US

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.

SIGNATURE: JOEL SCHECHTER, PRES OF CLASP INC. 04/30/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PUKKE, ANDRIS N
Address: 5100 TOWN CENTER CIRCLE, SUITE 400
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PUKKE, ANDRIS N
Address: 31 LINDA ISLE
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDRIS N. PUKKE MGRM 04/30/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date