

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029999

FILED
May 03, 2004
Secretary of State

Entity Name: EXPERIENCE INTERNATIONAL, LLC

Current Principal Place of Business:

8734 PALM LAKE DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

7703 KINGSPONTE PARKWAY
SUITE 700
ORLANDO, FL 32819

Current Mailing Address:

8734 PALM LAKE DRIVE
ORLANDO, FL 32819

New Mailing Address:

7703 KINGSPONTE PARKWAY
SUITE 700
ORLANDO, FL 32819

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

Name and Address of Current Registered Agent:

NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MICELI, JOHN
Address: 8734 PALM LAKE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: TURCHIN, GARY
Address: 6355 METROWEST BLVD, SUITE 240
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Change (X) Addition
Name: TAHT, KENNETH
Address: 6355 METROWEST BLVD., SUITE 240
City-St-Zip: ORLANDO, FL 32835

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: JOHN MICELI

MGRM

05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date