2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 24, 2004 08:00 AM Secretary of State **DOCUMENT # L02000033803** 1. Entity Name OCHOA & FAMILY, L.L.C. Principal Place of Business Mailing Address 1970 E. OSCEOLA PKWAY, APT. 240 1970 E. OSCEOLA PKWAY, APT. 240 KISSIMMEE, FL 34743 KISSIMMEE, FL 34743 CR2E083 (10/03) 04142004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0503107 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELICIA ANTONIA DE OCHOA DO NOT WRITE 17 TROTTERS CIRCLE KISSIMMEE, FL 34743 IN THIS SPACE 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. H. de ture, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2804 MANAGING MEMBERS/MANAGERS ٥. U00000161430 MGRM THE HAME FELICIA ANTONIA DE OCHOA 05/24/04-80008-003 55.00 STREET ADDRESS 1970 E. OSCEOLA PKWAY, APT. 240 CITY-ST-ZP KISSIMMEE, FL 34743 TITLE NAME STREET ADDRESS CITY-ST-ZIP 313LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE HAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-7IP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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