2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 06, 2004 8:00 am **DOCUMENT # L03000002078 Secretary of State** 1. Entity Name 24-7 SPECIALS, LLC 07-06-2004 90153 025 ****50.00 Principal Place of Business! Mailing Address 2544 E. LANDSTREET, STE. 400 2544 E. LANDSTREET, STE. 400 ORLANDO, FL 32824 ORLANDO, FL 32824 MOVED MoUEL 2. Principal Place of Business 3. Mailing Address 10950 Palmbay Drive 10950 Palmbay Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 Cha-LLC CR2E083 (10/03) City & State Orlando City & State 4. FEI Number Applied For FLOrlando FL 59-3763927 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32824 32825 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 24.7 SPECIALS, LLC BOETTCHER. BOETTCHER, RICHARD D~ Street Address (P.O. Box Number is Not Acceptable) 10950 Palmbay Drive 2544 E. LANDSTREET, STE. 400 ORLANDO, FL 32824 Or<u>lando</u> 32824 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 **BOETTCHER** ICHARD ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. .. MGRM TITLE TITLE Change ☐ Addition Delete NAME BOETTCHER, RICHARD D NAME STREET ADDRESS 8816 HAVASU DRIVE STREET ADDRESS ORLANDO, FL 32829 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change [] Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED