2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # L03000002147** 04-14-2004 90282 007 ****50.00 FAMILY REUNION, L.L.C. Principal Place of Business Mailing Address 2219 NEVADA ROAD 2219 NEVADA ROAD LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Numbe 59-3764433 Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREID, JOEL B Street Address (P.O. Box Number is Not Acceptable) 2219 NEVADA ROAD LAKELAND, FL 33803 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, σ , i(NOTE: Registered Agent signature required when reinstating) __DATE __ a graduation Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State atrace (olabor: L. 1997. 🦓 . P. Laterti Salation MANAGING MEMBERS/MANAGERS: 308 ADDITIONS/CHANGES 9. 10. Menber Monaging Men Joel B. Freid TITLE ☐ Change Addition Delete Timesia ... NAME A NAME . . STREET ADDRESS 2219 NEVADARD Cakerand. E 33803 STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Channe TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change Addition DILE TITLE NAME STREET ADDRESS STREET ADDRESS <u>.</u> 370. 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 fiave 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. Fields Caperment in 30 to gay a raice, Nobelia or

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

FILED