2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90215 003 ****50.00

DOCUMENT# L03000003035

1. EntityName
DREWTINAGLOBALSOURCING,L.L.C.

PrincipalPlaceofBusiness	MailingAddress
4601S.W.34THSTREET,SUITE102 ORLANDO,FL32811	4601S.W.34THSTREET,SUITE102 ORLANDO,FL32811

03012004 Chg-LLC CR2E083(10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 14-1871655 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

MILLER,SOUTH&MILHAUSEN,P.A.
C/OJEFFREYP.MILHAUSEN,ESQ.
2699LEEROAD,SUITE120
WINTERPARK,FL32789

7. NameandAddressofNewRegisteredAgent

Name
StreetAddress (P.O.BoxNumberisNotAcceptable)
City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR NEAF,MARY 4601S.W.34THSTREET,SUITE102 ORLANDO,FL32811	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM	☑ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRM Rocco, Lou 4601 S.W. 34th St, Suite 102 Orlando, FL 32811	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: Mary Neaf 4/5/04 407-841-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE — Date — DaytimePhone#

Mary Neaf