2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPEOOR DRINTED NAME OF SIGNING MANAGING MESO

Mar 29, 2004 8:00 am **Secretary of State DOCUMENT # L03000003669** 1. Entity Name 03-29-2004 90556 021 ****50.00 A THOMAS HENRY PRODUCTION, LLC Mailing Address Principal Place of Business 3426 FURLONG WAY 3426 FURLONG WAY 乙生りんごごごひり GOTHA, FL 34734 GOTHA, FL 34734 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E083 (10/03) Chg-LLC Applied For City & State 4. FEI Numbe 3621371 Not Applicable 41 Country \$5.00 Additional 5. Certificate of Status Desired 7 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 3426 FURLONG WAY GOTHA, FL 34734 MUNG 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. the obligations of registered agent. SIGNATURE Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Ceo ☐ Delete TITLE Change ■ Addition THOMAS HAVEN NAME NAME 3626 sincore won STREET ADDRESS STREET ADDRESS GOTUA, AL 34734 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 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Defete ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIΠF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eath; 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.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #