

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006069

FILED
Feb 26, 2004
Secretary of State

Entity Name: EXCEED, LLC

Current Principal Place of Business:

520 CLAYTON STREET
ORLANDO, FL 32804 US

New Principal Place of Business:

1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

Current Mailing Address:

520 CLAYTON STREET
ORLANDO, FL 32804 US

New Mailing Address:

1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

FEI Number: 20-0780992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUCKETT, QUETSY
520 CLAYTON STREET
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

PUCKETT, QUETSY
1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

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.

SIGNATURE: QUETSY PUCKETT

02/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PUCKETT, QUETSY
Address: 520 CLAYTON STREET
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: PUCKETT, AARON
Address: 520 CLAYTON STREET
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PUCKETT, QUETSY
Address: 1187 EAST FOWLER DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM (X) Change () Addition
Name: PUCKETT, AARON
Address: 1187 EAST FOWLER DRIVE
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: QUETSY PUCKETT

MGR

02/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date