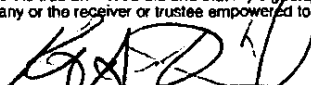


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90028 029 ****50.00

DOCUMENT # L03000006347 1. Entity Name 2 EXTREME, LLC.					
Principal Place of Business 5983 ED HARRIS CT ST. CLOUD, FL 34771 US			Mailing Address 5983 ED HARRIS CT ST. CLOUD, FL 34771 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TIMBERMAN, KURT A 5983 ED HARRIS CT ST. CLOUD, FL 34771				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, type or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMBERMAN, KURT A 5983 ED HARRIS CT ST. CLOUD, FL 34771		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMBERMAN, BRANDY N 5983 ED HARRIS CT ST. CLOUD, FL 34771		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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.					
SIGNATURE: 			4-7-04 407-908-3984		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

34004084



04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number **41-2079563** Applied For Not Applicable

6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required