2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90078 048 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE	1. Entity Name	MENT # L030000083 EKING, L.L.C.	342				04-2	0-2004)	0078 04	0 30
Suite, Apt. 4, etc.	999 DOUGLAS AVENUE, SUITE 3333		999 DOUGLAS AVENUE, SUITE 3333							
City & State	2. Principal Place of Business		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072004	Chg-LLC	CR2E08	3 (10/03)		
S. Ocurity	City & State		City & State		4. FEI Number			-		
SALFI, DOMINICK J 999 DOUGLAS AVENUE, SUITE 3333 ALTAMONTE SPRINGS, FL 32714 8. The above named entry submits this statement for the purpose of changing its registered agent, or borth, in the State of Florida. I am farm liar with, and accelline colligations of registered agent. SIGNATURE Tilling Face is \$50.00 Due by May 1, 2004	Zip Country		Zip Country			5. Certificate of	f Status Desired		5.00 Addi	itional
SALFI, DOMINICK J 999 DOUGLAS AVENUE, SUITE 3333 ALTAMONTE SPRINGS, FL 32714 Streat Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity submists this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. Interval Additional Park and the State of Forida Agent		6. Name and Address of Current R	legistered Agent			7. Name and /	Address of New R			•
SITER ADDRESS OTH-ST-ZP TITE NAME STRET					Name		•		*	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent. Signature Signature typed or critison name of inaginated agent and size if applicable. NOTE Projected Agent signature recursor when remaking) OATE	999 DOUG	LAS AVENUE, SUITE 3333			Street Address	(P.O. Box Number	is Not Acceptable)		
TITLE MAKE ORESS CITY-ST-ZP ORESS CITY-S					City			FL	Zip Code)
Filling Fee is \$50.00 Due by May 1, 2004 STREET ADDRESS CITY-ST-ZP Change Addit Ad			the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR	SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	: Registere	d Agent signature require	od when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				·					-	***.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
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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 securate 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	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information available into		NAM Stri City	IE EET ADDRESS (-ST-ZIP	Postion 140 07/0/6) Glasida Charles	L further acti		Addition

limited liability company or the receiver of reustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

407-774-2119