2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 20, 2004 8:00 am Secretary of State DOCUMENT # L03000008550 05-04-2004 90018 031 ****50.00 1. Entity Name MORRIS ROBINSON, AS TRUSTEE, LLC Principal Place of Business Mailing Address 34006952 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number 54-2335410 Applied For City & State City & State Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINSON, MORRIS 48 EAST ROYAL PALM ROAD Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 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 eignature required DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change Addition TITLE TITLE Oelete NAME ROBINSON, MORRIS STREET ADDRESS STREET ACCRESS 48 E ROYAL PALM RD CITY- ST- ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE Delete MGRM ☐ Change X Addition NAME NAME ROBINSON, CHARLOTTE STREET ADDRESS STREET ADDRESS 48 E ROYAL PALM RD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE TIRE MGRM Change Addition ☐ Delete NAME NAME BRAMNICK, HINDA STREET ADDRESS STREET ADDRESS 48 E ROYAL PALM RD CITY-ST-ZIP CITY: ST- ZIP. BOCA RATON, FL 33432 Delete Change Addition NAME NAME ROBINSON, PHYLLIS STREET ADDRESS STREET ADDRESS 48 E ROYAL PALM RD City-St-Zip C#Y-ST-78 BOCA RATON, FL 33432 **Addition** Change Delete TITLE NAME HALLE ..!!] -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 according 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 of the provided statutes.

Morris Robinson

SIGNATURE AND TYPED OR PRINTED HAME OF SICHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/04

561-368-1852

Daytime Phone #

FILED