

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90103 035 \*\*\*\*50.00

|   |                                 |   |  |  |  |
|---|---------------------------------|---|--|--|--|
| <b>DOCUMENT # L03000008801</b><br>1. Entity Name<br><b>NASCO INTERNATIONAL, LLC</b>   |                                 |   |  |  |  |
| Principal Place of Business<br><b>612 EXECUTIVE CENTER DRIVE<br/>SUITE 203<br/>WEST PALM BEACH, FL 33401</b>  |                                 |   | Mailing Address<br><b>612 EXECUTIVE CENTER DRIVE<br/>SUITE 203<br/>WEST PALM BEACH, FL 33401</b> |  |  |
| 2. Principal Place of Business<br><b>16201 Glenmoor Drive</b>   |                                 | 3. Mailing Address<br><b>16201 Glenmoor Drive</b> |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.                               |  |  |  |
| City & State<br><b>West Palm Beach FL</b>   |                                 | City & State<br><b>West Palm Beach FL</b>         |  | 4. FEI Number<br><b>91-2187928</b>   |  |
| Zip<br><b>33409</b>   |                                 | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| City & State<br><b>West Palm Beach FL</b>   |                                 | City & State<br><b>West Palm Beach FL</b>         |  | 6. Name and Address of Current Registered Agent<br><b>BOGNER, RONNEY J<br/>612 EXECUTIVE CENTER DRIVE<br/>SUITE 203<br/>WEST PALM BEACH, FL, FL 33401</b>  |  |
| Zip<br><b>33409</b>   |                                 | Country   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Ronney J Bogner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>16201 Glenmoor Drive</b><br>City<br><b>West Palm Beach FL</b> Zip Code<br><b>33409</b> |  |
| 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.<br>SIGNATURE  DATE <b>8-24-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |                                 |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2004</b>   |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>                                     |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                 |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Managing Member<br><b>Ronney J Bogner</b><br><b>16201 Glenmoor Drive WPB FL 33409</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                 |   |  |  |  |
| <b>SIGNATURE:</b>   |                                 |   | <b>8-24-04</b> 1561-541-4766   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                 |   | <small>Date Daytime Phone #</small>  |  |  |