2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 08, 2004 8:00 am Secretary of State

DOCUMENT # L0300009427 1. Entity Name ADVANTAGE TRANSFER INTERNATIONAL LLC						04-08-200	4 90272 027	****	50.00
Principal Place of Business 3195 SEA SHELL WAY MELBOURNE BEACH, FL 32951		Mailing Address 3195 SEA SHELL WAY MELBOURNE BEACH, FL 32951		\$ 1 0 3 11 1 1 1 1 1	Tida Hill Ediki asiki as		a 1186 1884	18 1 111 1882)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004	Chg-LLC	CR2E083 (1	10/03)		
City & State		City & State		4. FEI Number	+3-200	5606		olied For Applicable	
Zip	Country	Zip Country		y 		f Status Desired	LJ Fee F	00 Addi Required	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New F	legistered Agent	<u> </u>	
CANTILLO	AND TAREE LAND			Name					
CANTILLON, WILLIAM H 3195 SEA SHELL WAY MELBOURNE BEACH, FL 32951			-	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2004									
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR CANTILLON, WILLIAM H 3195 SEA SHELL WAY MELBOURNE BEACH, FL 3295	□ Delete	TITLE NAME STREE CITY-S			Florid	a Department of	Of State	☐ Addition
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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 informatic indicated on this report is true and accurate and that my signature shall have the same legal-effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as regulired by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #