2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State

04-30-2004 90079 043 ****50 00

DOCUI 1. Entity Name CAVANO	e	# L03000	00104	138						04	30-200		9 043 ***	
Principal Place of Business Mailing Address											340	06309	Γ	
9139 NORTH BAY BOULEVARD 9139 NORTH BAY BOULEVARD ORLANDO, FL 32819								 		171 23 111 2 011	RE BUILL HOW E	1711 (C.1 1 1 1 1 1 1 1 1	(180) 116 1 16 5	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #. etc.				Suite, Apt. #, etc.				04222004	Chg-l			083 (10/03)		
City & State				City & State				4. FEI Numb	Per 415-	0521:	535		oplied For ot Applicable	
Zip	Country			Zip		Country			5. Certificate	of Status	Desired		\$5.00 Add Fee Require	lanoitit d
	Registered Agent			Name		7. Name an	d Address	of New R	legistered	Agent				
-CAVANO, RICHARD J 9139 NORTH BAY BOULEVARD ORLANDO, FL 32819							Street	Address (P.O. Box Numb	oer is Not A	cceptable	9)		
							City	_ _	 .		<u>_</u> _	Fl.	Zip Cod	e
		ly submits this stat tered agent	ement for	the purpose of chi	anging its	register	ed office o	r register	ed agent, or be	oth, in the S	itate of Fk	orida. I am	familiar with.	and accept
SIGNATURE .	Signature, types	or printed name of regis	lored agent at	nd little if applicable.	(NOTE	Registero	d Agent signa	ture required	i when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2004									_				payable to nent of Stat	
9.		MANAGING	MEMBER	S/MANAGERS		10.		- ATAAI	orali w	AD	DITIONS.	/CHANGE		7
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete							8134 9139	NORTH BY) 2 8 19		☐ Change	M Addition
TITLE					elete	TITL	 E	<i>1014/11</i> /		<u> </u>	X D J J		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP							E Et adoress -st-zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					cicle								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				00	eleta					*			(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			00	eleta								☐ Change	☐ Addition
HITLE NAME STREET ADDRESS CITY-ST-ZP	<i>‡</i> .			□ 0	elete								Change	Addition
indicated	on this repo	ort is true and accu	rate and I	this filing does not that my signature s empowered to ext	hall heve t	the sam	e legal eff	ect as if n	nade under oal	h; that I an	Statutes. n a mana	l further ce ging memb	ertify that the i per or manage	nformation er of the
SIGNAT	URE: _	KULOVA J	· LOV	TONO SIGNING MANAGING M	EMBER, MAN	AGER, OF	AWIHORIZI	P REPRESE		(23, 2	004	(40	01) 81 <u>/</u> Daysing Phone #	<u>- 9940</u>