## 2004 LIMITED LIABILITY COMPANY

## Apr 01, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000012834** 04-01-2004 90221 037 \*\*\*\*50.00 1. Entity Name VOLLBERG, L.C. Principal Place of Business Mailing Address アオハクでハウエ 2852 TAMIAMI TRAIL, SUITE 6 C/O DAVID A. HOLMES, ESQ. PORT CHARLOTTE, FL 33952 POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 37-1472926 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMES, DAVID A ESQ. ... Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET FARR, FARR, EMERICH, SIFRIT, HACKETT AND PUNTA GORDA, FL 33950-3636 City 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Change ☐ Addition ☐ Delete Manager NAME NAME Carlton Vollberg STREET ADDRESS STREET ADDRESS 2852 Tamiami Trail, Suite CITY-ST-ZIP CITY-ST-71P 33952 ange Port Charlotte, FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

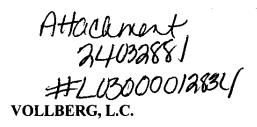
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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**FILED** 



## WRITTEN STATEMENT IN LIEU OF ANNUAL MEETING OF MEMBERS

THE UNDERSIGNED, being the members of VOLLBERG, L.C., a Florida limited liability company (the "Company"), hereby consent to and adopt the following resolutions, taking said action in lieu of a meeting:

RESOLVED, that CARLTON VOLLBERG be and hereby is ratified as the manager of the Company with a term commencing the date hereof and ending at such time his successor is elected.

RESOLVED, that all the lawful actions on behalf of the Company taken by the members and the manager of the Company since the date of organization of this Company and prior to the date hereof are hereby ratified, approved and affirmed.

IN WITNESS WHEREOF, the undersigned hereby executes this written consent and adoption effective as of the date hereof.

DATED as of the 3/29 day of *Warch*. , 2004.

CARLTON VOLLBERG, Member