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Secretary of State

05-07-2004 90004 024 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013540

1. Entity Name
ST GENPAR, LLC

Principal Place of Business	Mailing Address
1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441	1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441

2. Principal Place of Business	3. Mailing Address
* NOTE NEW ADDRESS* 1500 W Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309	Brenner Real Estate Group 1500 W Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309
Zip / Country	Zip / Country

02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0979880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNER, SCOTT 1000 E. HILLSBORO BLVD., STE. 100 DEERFIELD BEACH, FL 33441	Name * NOTE NEW ADDRESS* Street 1500 W Cypress Creek Rd., Ste. 409 (P.O. Box Not Acceptable) Ft. Lauderdale, FL 33309 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENNER, SCOTT, DIRECTOR Brenner Real Estate Group 1500 W Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] Pres 4/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #