

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 NOV 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #L03000013626 1. Entity Name PINEDA-WICKHAM INVESTMENTS, LLC					
Principal Place of Business 103 S. OSCEOLA AVE., STE. 1 ORLANDO, FL 32801			Mailing Address P.O. BOX 688 ORLANDO, FL 32802		
2. Principal Place of Business 2955 PINEDA CAUSEWAY		3. Mailing Address 2955 PINEDA CAUSEWAY			
Suite, Apt. #, etc. SUITE 216		Suite, Apt. #, etc. SUITE 216			
City & State MELBOURNE, FL		City & State MELBOURNE, FL		4. FEI Number 20-0126499	
Zip 32940		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVE., STE. 1500 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEDA WICKHAM INVESTMENTS, LLC 2955 PINEDA CAUSEWAY, STE 216 MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D. GARY POTTER 2955 PINEDA CAUSEWAY, SUITE 216 MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <i>D. Gary Potter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			D. GARY POTTER MANAGING MEMBER Date: November 11, 2004 Daytime Phone #: (321) 254-3199		