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2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L030000139	914		F	LED	
Principal Place of Business 5144 CITY STREET APT 224 ORLANDO, FL 32839 US	Mailing Address 5144 CITY STREET APT 224 ORLANDO, FL 32839	us	2004 SEP		.
2. Principal Place of Business 5101 Cedarleaf Lange Suite, Apt. #, etc.	3. Mailing Address 5101 Cedarlest Suite, Apt. #, etc.	Lane	07202004 Chg-LLC	CR2€083 (10/03)	ĺ
Orlando, FL Zip Country 32839 USA	City & State Orlando FL Zip 32839	Country USA	4. FEI Number 86-1058577 5. Certificate of Status Desired	Applied For Not Applied \$5.00 Additional Fee Required	
6. Name and Address of Current R DELLAPIA, MICHAEL 5144 CITY STREET, APT. 224 ORLANDO, FL 32839 8. The above named entity submits this statement for the obligations of registered agent.		Street Addr S 10	lando	FL Zip Code 32830	cept
SIGNATURE Sgrature, typed or printed name of registered agent as Amended AR is \$50.00		gistored Agent signature in	Mai . Florid	DATE Description of State	-
9. MANAGING MEMBER TITLE MGRM DELLAPIA, MICHAEL STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839	AS/MANAGERS	NAME D STREET ADDRESS	ADDITIONS IGRM ELLA PIA, MICHAEL 5101 CEDARLEAF LAME LLANDO, FL 32839	/CHANGES TES Change □ Ad	noitibt
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Celete	TITLE NAME STREET ADDRESS Z	IGRM JASON BROWN ,048 OLD SOUTH LANE 1909KA, FL 32712	☐ Change — 54 Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041 10/01/040102		noitibi
TITLE NAME STREET ADDRESS CITY-ST-ØP	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	idition
TITLE NAME STREET ADDRESS GTY-ST-ZIP	□ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	noithbb
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ Ad	noitibt
In hereby certify that the information supplied with indicated on this report is true and accurate and timited liability company or the receiver or trustee.	that my signature shall have the	same legal effect a	as if made under oath; that 1 am a mana Chapter 608, Florida Statutes.	ging member or manager of the	ion
SIGNATURE: SIGNATURE AND TYPED OR PERITED NAME OF	SIGNING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED RE	9-01-04 4 PRESENTATIVE Date	07-489-5708	