2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-03-2004 90124 042 ****50.00

DOCUMENT # L03000014694

1. Entity Name
GIZMO, L.L.C.

Principal Place of Business	Mailing Address
2334 E. STATE ROAD 200, SUITE 300 FERNANDINA BEACH, FL 32034	2334 E. STATE ROAD 200, SUITE 300 FERNANDINA BEACH, FL 32034

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
4454 Piney Island Ct	4454 Piney Island Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach FL	City & State: Fernandina Beach, FL
Zip: 32034 Country: US	Zip: 32034 Country: US

4. FEI Number: 55-0833711 ☐ 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
CHISM, WAYNE R 2334 E. STATE ROAD 200, SUITE 300 FERNANDINA BEACH, FL 32034	Name: Chism, Wayne R. Street Address (P.O. Box Number is Not Acceptable): 4454 Piney Island Court City: Fernandina Beach FL Zip Code: 32034

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: Wayne R. Chism Manager DATE: 4-29-04

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Manager Chism, Wayne R. 4454 Piney Island Court Fernandina Beach, FL 32034 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Chism, Lorie 4454 Piney Island Court Fernandina Beach, FL 32034 ☐ 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
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

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.

Wayne R. Chism, Managing Member

SIGNATURE: 4/29/04 904-225-2168

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