2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 14, 2004 8:00 am Secretary of State 04-30-2004 90076 030 ****55.00

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Country Superant	636 NORTH F ORLANDO, FL	Rio Grande Avenue . 32805	636 NORTH RIO GRANI Orlando, Fl 32805	636 NORTH RIO GRANDE AVENUE						
Cov & State Cov &	2. Principal Pl	ace of Business Town Plaza C+.	3. Mailing Address Sove Q	Same as #2						
Solution Status Desired Status Des		2010							votiged For	
B. Certificate of Stants Desired B. Certificate of Stants Desired Fee Required T. Name and Address of Hew Registered Agent Name City Fee Children City Fee Required The above name of mile submits his statement for the purpose of changing its registered office or registered agent, or book, in the State of Forica. I am hamilar with, and accept not obligations of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligations of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligations of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligation of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligation of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligation of registered agent. or book, in the State of Forica. I am hamilar with, and accept not obligated agent. or book, in the State of Forica. I am hamilar with, and accept not obligated agent. or book, in the State of Forica. I am hamilar with, and accept not obligated agent. or book, in the State of Forica. I am hamilar with, and accept not not obligated agent. or book, in the State of Forica. I am hamilar with, and accept not not not not not not not not not no	NiW	ter <u>Springs, FL</u>			20-	<u>06884</u>	32 No	x Applicable		
HAGEN, DEBORAH D GSR NORTH RIO GRANDE AVENUE City City FL Zip Code a. The above named unity submiss 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 Filling Fee is \$50.00 Due by Way 1, 2004 BOTE Registered Agent speaker resemble alon initiating of the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the state of Florida. I am familiar with, and accept the product of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the product of the state of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida State of Florida. I am familiar with, and accept the purpose of Florida State of Florida. I am familiar with, and accept the purpose of Florida State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept the State of Florida. I am familiar with, and accept	Zip 32708 Country		Zip	Zip Count		5. Certificate	of Status Desired			
Size Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curren	Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
City FL Zip Code a. The above carried ontity 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 Filling Fee is \$50.00 Due by May 1, 2004 Policy May 1, 2004 Addition Marks check payable to Florida Department of State Marks Clustrom Houses Check payable to Florida Department of State Marks Check payable to Florida Department of State Marks Clustrom Houses Clustrom	636 NORT	H RIO GRANDE AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signams inject or private family 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 Filling Fee is \$50.00 Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida Department of State. Purpose Marks check payable to Florida State. Purp	ORLANDO), FL 32805								
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B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAGEN CUSTOM HOMES, LLC STRET ADDRESS GUT-ST-2P TITLE MGRM JORDAN EDVENTURES, LLC SIRET ADDRESS BOO WESTWOOD SQUARE, SUITE E TITLE MAME JORDAN EDVENTURES, LLC SIRET ADDRESS GUT-ST-2P TITLE MAME JORDAN EDVENTURES, LLC SIRET ADDRESS GUT-ST-2P TITLE MAME JORDAN EDVENTURES, LLC SIRET ADDRESS GUT-ST-2P TITLE MAME	SIGNATURE									
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SIGNATURE:										