FILED Apr 20, 2004 8:00 am Secretary of State

04-20-2004 90188 041 ****50.00

2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L03000015789 1. Entity Name FTCLW, L.L.C. 44032410 Principal Place of Business Mailing Address 1778 7TH AVENUE NORTH 1778 7TH AVENUE NORTH LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number J-1589329 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORREDOR, JESUS Street Address (P.O. Box Number is Not Acceptable) 1778 7TH AVENUE NORTH LAKE WORTH, FL 33461 City 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 Streams, spac or stides not as of regalaxed agent and fille if applicable. gnitetanier nerlw ceriucer erutangia (negA ceretaigeR :3TOM) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florids Department of State MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES 9, MGRM TITLE Delete TITLE Change Addition MARTIN, MIGUEL. 1 NAME NAME 1778 7TH AVENUE NORTH STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33461 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delate ME ☐ Change Addition 🔲 FLORES, JAIME NAME NAME STREET ADDRESS 1778 7TH AVENUE NORTH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WORTH, FL 3341 **MGRM** Addition | TITLE Delete TITLE Change CORREDOR, JESUS NAME NAME STREET ADDRESS 1778 7TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33461 CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIF CITY-ST-ZIF TITLE Delete TITLE ☐ Changa Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-9T-7K CITY-ST-ZIP 11. Thereby certify that the information surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this report is true and acquirate and that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited liability company or typiccely or or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

DENESO 12

EDOPTHRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TY