## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L03000016390

## FILED May 27, 2004 8:00 am Secretary of State

| 1. Entity Name                                    |  |  |  | <b>3</b>  | 05-03-2004 90131 016 ****55.00                   |                                       |                               |  |
|---|--|--|--|---|--|---------------------------------------|-------------------------------|--|
|   |  |  |  |   | <u>.</u>   |                                       |                               |  |
| SEVEN-SIX, LLC                                    |  |  |  | 7   |  |                                       |                               |  |
|   | <u> </u>   |  |  | <u></u>   |  |                                       |                               |  |
| Principal Place of Business Mailing Address       |  |  |  |   |  |                                       |                               |  |
| 1230 ALMOND TREE COURT 12                         |  | 1230 ALMOND TREE COURT   |  | İ   | •  |                                       |                               |  |
| ORLANDO FL 32835 ORLANDO FL 32835                 |  |  |  | Į.  |  |                                       |                               |  |
|   | ;  |  |  | 1111  | JOH ON OTTES BIT OTTE BEIN F                     | ATUK BEKAK KIRIK KITUR TITA TITA      |                               |  |
| 2. Principal Place of Business 3. Mailing Address |  |  |  |   |  |                                       |                               |  |
|   |  |  |  |   | HIN ON DOUGH WITH BEAT BUTTY &                   | ינימו מיווול מפנופ מנפגו אנוצפי ונגפי | I BUIDH W IBH                 |  |
| Suite, Apt. #. etc.                               |  | Suite, Apt. #, etc.  |  |   | MOORE  | CR2E083 (11/03                        | J)                            |  |
|   |  |  |  |   | <del></del>                                      | · · · · · · · · · · · · · · · · · · · |                               |  |
| City & State                                      |  | City & State   |  | 4. FEI Number                                       |  | >.                                    | Applied For<br>Not Applicable |  |
| Zip   | Country  | Zip  | Country  |   |  | \$5.00                                | <del></del>                   |  |
|   | ;  |  |  | 5. Certificate                                      | of Status Desired                                | Fee Requ                              |                               |  |
|   | 6. Name and Address of Current   | Registered Agent   | <del></del>  | 7. Name and   | Address of New Ro                                | egistered Agent                       |                               |  |
| - /   |  |  | Name   | Name  |  |                                       |                               |  |
| BOE   | BALIK, JOSEPH F JR   | Street Address   | Street Address (P.O. Box Number is Not Acceptable)         |   |  |                                       |                               |  |
| 1230 ALMOND TREE COURT                            |  |  | Street Address   | Sheet Address (1.0. Box 140/1001 is 140/2000ptable) |  |                                       |                               |  |
| ORLANDO FL 32835                                  |  |  | ,  | •   |  |                                       |                               |  |
|   |  |  | City   |   | <u> </u>   | FL Zip C                              | ode                           |  |
| _ <u></u> -                                       | <u> </u>   |  |  |   | <del></del>                                      |                                       |                               |  |
|   | named entity submits this statement for<br>ions of registered agent.                   | x the purpose of changing its  | registered office or regis                                 | stered agent, or bo                                 | th, in the State of Flo                          | rida. I am familiar wi                | ith, and accept               |  |
| and doing an                                      |  |  |  |   |  |                                       |                               |  |
| SIGNATURE .                                       | Signature, typed or printed name of registered agent                                   | and life if applicable. (NOTE  | Registered Agent signature rag                             | urred when reinstating)                             | 194  | DATE                                  |                               |  |
|   |  | Constitution of the second   | recommendation and   |   |  |                                       |                               |  |
| -   | i d  | The state of the second second second                                | )W!!!.FEE'IS \$50.0  | ALAST 在特别的工作,但是一个人的工作。                              |  |                                       | 1                             |  |
| •   |  | Make Check Payabl  | By May 1, 2004   | ment of State                                       |  |                                       |                               |  |
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| <b>₹p</b>   | MANAGING MEMBI   |  | 10.  | ~~  | ADDITIONS/                                       |                                       |                               |  |
| NAME  | PRESIDENT<br>JUSEPH F BUBA<br>1230 ALMOND TH   | Delete   | NAME   |   | •  | Chang                                 | ge 🔲 Addition                 |  |
| STREET ADDRESS                                    | 1230 ALMAND TO   | REF CT.  | STREET ADORESS   |   |  |                                       |                               |  |
| CITY-ST-ZIP                                       | DRLANDO, FL  | 32835  | CITY-ST-ZIP  |   |  |                                       |                               |  |
| TOTALE  |  | ☐ Delete   | TITLE  |   |  | ☐ Chang                               | ge 🔲 Addition                 |  |
| NAME  |  |  | NAME   |   |  |                                       |                               |  |
| . STREET ADDRESS                                  | ſ ,  |  | STREET ADDRESS   |   |  |                                       |                               |  |
| CITY-ST-ZIP                                       |  | ·  | CITY-ST-ZIP  |   |  |                                       |                               |  |
| TITLE   |  | ☐ Delete   | TITLE  |   |  | ☐ Chang                               | ge 🔲 Addition                 |  |
| NAME -  |  |  | -NAME  |   |  |                                       |                               |  |
| STREET ADDRESS                                    | ,  |  | STREET ADDRESS   |   |  |                                       | _                             |  |
| -mue>   |  | ~  |  |   | ( - * * * · · · · · · · · · · · · · · · ·        | Chan                                  | Addition                      |  |
| NAME  |  | ☐ Delete   | TITLE<br>NAME  |   |  | Chang                                 | ge 🔲 Addition                 |  |
| STREET ADDRESS                                    |  |  | STREET ADDRESS   |   |  |                                       |                               |  |
| CITY-ST-ZIP                                       |  |  | CITY-ST-ZIP  |   |  |                                       |                               |  |
| TITLE   | <u> </u>   | ☐ Delete   | TITLE  | <del></del>   | <del></del>                                      | ☐ Chang                               | ge 🗌 Addition                 |  |
| NAME  | 4  |  | NAME   | مر عم   |  |                                       | , _                           |  |
| STREET ADDRESS                                    | 4  |  | STREET ADDRESS   |   |  |                                       |                               |  |
| CITY-ST-ZIP                                       |  |  | CITY-ST-ZIP  |   |  |                                       |                               |  |
| TITLE   | , '  | Delete   | TITLE  |   |  | , 🔲 Chang                             | ge 🗌 Addition                 |  |
| NAME  |  |  | NAME   |   |  |                                       |                               |  |
| STREET ADDRESS                                    | }  |  | STREET ADDRESS   |   |  |                                       |                               |  |
|   |  | N - 2 - 2 - 10   | CITY-ST-ZIP  |   |  |                                       | <del> </del>                  |  |
| 11. I hereby a indicated                          | certify that the information supplied will<br>fon this report is true and accurate and | n this filing does not qualify for<br>d that my signature shall have | r the exemption stated in<br>the same legal effect as      | > Section 119.07(3)<br>: if made under cati         | (i), Florida Statules, I<br>n, that I am a manac | i further certify that the            | ie information<br>ager of the |  |
| limited lia                                       | bility company or the receiver or truste   | e empowered to execute this  | report as required by Cl                                   | napter 608, Florida                                 | Statutes.  | , <u> </u>                            |                               |  |
|   | (-).   | 11.18  | ) ()   | 200 G   | _  | <u>.</u> .                            |                               |  |
| SIGNAT  | TURE:  | many of  | 1100s  |   | 29-09  | 417-AL                                | 45333                         |  |
|   | SIGNATURE AND TYPED OR PRINTED NAME  | OF SIGNING MANAGING MEMBER, MA                                       | NAGER, OR AUTHORIZED REP                                   | RESENTATIVE   | Date   | Daytime Phone                         |                               |  |