

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90132 002 \*\*\*\*50.00

| <b>DOCUMENT # L03000016838</b><br>1. Entity Name<br><b>J-SEA, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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-|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>14719 FIRST AVENUE EAST<br/>BRADENTON, FL 34212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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          | Mailing Address<br><b>14719 FIRST AVENUE EAST<br/>BRADENTON, FL 34212</b> |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |                                                                           |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | City & State                                                 |                                                                           | 4. FEI Number<br><b>20-1076832</b>                                                                                |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | Country                                                      |                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MYERS, TROY H JR.<br/>2033 MAIN STREET<br/>SUITE 600<br/>SARASOTA, FL 34237</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                              |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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State</b> |                                                                           |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGRM</td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CHAFFIN, JEFFREY A</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">14719 FIRST AVENUE EAST</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BRADENTON, FL 34212</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> |                         |                                                              |                                                                           |                                                                                                                   |                                                                   | 9. MANAGING MEMBERS/MANAGERS |  |  | 10. ADDITIONS/CHANGES |  |  | TITLE | MGRM | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | CHAFFIN, JEFFREY A |  | NAME |  |  | STREET ADDRESS | 14719 FIRST AVENUE EAST |  | STREET ADDRESS |  |  | CITY-ST-ZIP | BRADENTON, FL 34212 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                                              | 10. ADDITIONS/CHANGES                                                     |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
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          | TITLE                                                                     |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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          | NAME                                                                      |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | STREET ADDRESS                                                            |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | CITY-ST-ZIP                                                               |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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          | TITLE                                                                     |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | STREET ADDRESS                                                            |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | CITY-ST-ZIP                                                               |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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          | TITLE                                                                     |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | STREET ADDRESS                                                            |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | CITY-ST-ZIP                                                               |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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          | TITLE                                                                     |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | STREET ADDRESS                                                            |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | CITY-ST-ZIP                                                               |                                                                                                                   |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |   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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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      |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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   | <b>4-28-04 941-953-8110</b>                                                                                       |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             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| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small><br><b>Lesli K. Madalka</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                    |                                                                   |                              |  |  |                       |  |  |       |      |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                         |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |              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34009229



04282004 Chg-LLC CR2E083 (10/03)

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date 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                        | MGRM                    | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | CHAFFIN, JEFFREY A      |                                 | NAME                  |  |                                                                   |
| STREET ADDRESS               | 14719 FIRST AVENUE EAST |                                 | STREET ADDRESS        |  |                                                                   |
| CITY-ST-ZIP                  | BRADENTON, FL 34212     |                                 | CITY-ST-ZIP           |  |                                                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                         |                                 | NAME                  |  |                                                                   |
| STREET ADDRESS               |                         |                                 | STREET ADDRESS        |  |                                                                   |
| CITY-ST-ZIP                  |                         |                                 | CITY-ST-ZIP           |  |                                                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                         |                                 | NAME                  |  |                                                                   |
| STREET ADDRESS               |                         |                                 | STREET ADDRESS        |  |                                                                   |
| CITY-ST-ZIP                  |                         |                                 | CITY-ST-ZIP           |  |                                                                   |
| TITLE                        |                         | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                         |                                 | NAME                  |  |                                                                   |
| STREET ADDRESS               |                         |                                 | STREET ADDRESS        |  |                                                                   |
| CITY-ST-ZIP                  |                         |                                 | CITY-ST-ZIP           |  |                                                                   |

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.

**SIGNATURE:**  **4-28-04 941-953-8110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Lesli K. Madalka**

Date Daytime Phone #