

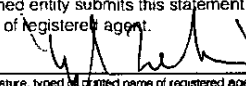
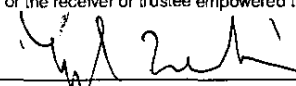


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90183 040 ****50.00

DOCUMENT # L03000018273					
1. Entity Name MAIN SUPPORT, LLC.					
Principal Place of Business 4611 W. FIG ST. 302 TAMPA, FL 33609			Mailing Address 4611 W. FIG ST. 302 TAMPA, FL 33609		
2. Principal Place of Business 4607 W. FIG ST Suite, Apt. #, etc. 105		3. Mailing Address 4607 W. FIG ST Suite, Apt. #, etc. 105			
City & State TAMPA, FL		City & State TAMPA, FL		03152004 Chg-LLC CR2E083 (10/03)	
Zip 33609 Country USA		Zip 33609 Country USA		4. FEI Number 51-0467321	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESTIME-GILBERT 168 NE 96 STREET MIAMI, FL 33157			7. Name and Address of New Registered Agent Name ZOLTAN HAJNAL Street Address (P.O. Box Number is Not Acceptable) 4607 W. FIG ST #105 City TAMPA FL Zip Code 33609		
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  ZOLTAN HAJNAL 03/15-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
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 MGR NAME HAJNAL, ZOLTAN STREET ADDRESS 4611 W. FIG ST, #302 CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME HAJNAL, ZOLTAN STREET ADDRESS 4607 W. FIG ST #105 CITY-ST-ZIP TAMPA, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  ZOLTAN HAJNAL 03/15-2004 (813) 389-8823 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					