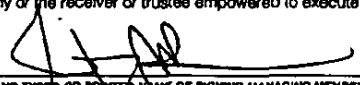


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-13-2004 90331 048 ****55.00

DOCUMENT # L03000019169 1. Entity Name SYNORICA RESOURCES LLC					
Principal Place of Business 1221 BRUCE B. DOWNS BLVD., STE. 180 WESLEY CHAPEL, FL 33543			Mailing Address 1221 BRUCE B. DOWNS BLVD., STE. 180 WESLEY CHAPEL, FL 33543		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2364092				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAN, XIAOLU 1221 BRUCE B. DOWNS BLVD., STE. 180 WESLEY CHAPEL, FL 33543				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 _____ Signature, typed or printed name of registered agent and title 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		DATE _____	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM XIAOLU HAN 1221 BRUCE B. DOWNS, STE 180 WESLEY CHAPEL, FL 33543			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____			☐ Delete	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.					
SIGNATURE: 				3/16/04 813-994-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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