2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 25, 2004 8:00 am Secretary of State

| Perceipal Place of Business Age | DOCUMENT # L03000019664 1. Entity Name BRYANT GREENWOOD, LLC | | | | | | 04-28-2004 | • |)33 ****50 | 0.00 |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci | 4280 DOW ROAD, SUITE 108 | | 4280 DOW ROAD, SUITE 108 | | | | | | ime điji e pilu kit | |
| City & Sistes Country Specificate of Sistes Desired | 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Zip Country Zip Country Superficially of Status Desired \$5.00 Actitional real Required \$5.00 Actitional real Registered Actives (P.O. Box Number is Not Acceptable) \$5.00 Acceptable \$5.00 Actitional real Registered Actives (P.O. Box Number is Not Acceptable) \$5.00 Acceptable \$ | | | Suite, Apt. #, etc. | | | 1/ 1/ | | CR2EC | Z | |
| BRYANT, DAVID L 4280 DOW ROAD, SUITE 108 MELBOURNE, FL 32934 Chy FL Zip Code Chy | | | | | | 4. FEI Number | 081417 | 4 | No | Applicable |
| Name | Zip | | <u> </u> | Country | | <u> </u> | | | Fee Required | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$50.00 Date by May 1, 2004 B. MANAGING MEMBERS / MANAGERS 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARK DATE PAULD L. BRYANT 4280 DOUBLEY # 108 MARKBURSH / FL 32334 TITLE MARK | | 6. Name and Address of Current | Registered Agent | | Name | 7. Name-and / | COCIESS OF THEW | Hegiatered | Agent | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | RRYANT I | DAVID I | | -" | AGI 110 - 1-2-25 | | | | | |
| 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 Sympton, lythin or prised name of registered title if appealable. (MOTE Registered Agent stynials registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | 4280 DOW | ROAD, SUITE 108 | Street Ac | | Street Address | (P.O. Box Number | is Not Acceptab | le) | | |
| SIGNATURE Signature, ryend or provided region and time I expication. PHILITIES From its \$50,000 Date by Blay 1, 2004 S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TIME | 1 | | • | | City | | | FL | Zip Code | |
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| B. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MG R M | SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agr | geni signature require | d when reinstating) | | DATE | | |
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