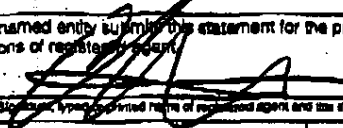
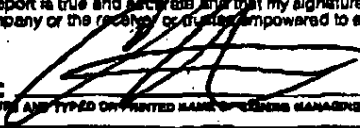


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000019746				04-30-2004 90061 027 *****50.00	
1. Entity Name PRIDE LLC					
Principal Place of Business 915 MIDDLE RIVER DR., STE. 410 FT LAUDERDALE, FL 33304		Mailing Address PO BOX 1411 PALM CITY, FL 34991			
2. Principal Place of Business 8725 SOB Ave.		3. Mailing Address PO Box 1411			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebastian FL		City & State Palm City, FL		4. FEI Number 51-0474770	
Zip 32958		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLETE CORPORATE SERVICES, INC. 915 MIDDLE RIVER DR., STE. 410 FT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Chris Day Street Address (P.O. Box Number is Not Acceptable) 8725 SOB Ave City Sebastian FL 32958			
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  Chris Day, Partner, Pride LLC 4/27/04 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$80.00 Due by May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAY, CHRISTOPHER PO BOX 1092 BOCA RATON, FL 334291092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chris Day PO Box 1411 Palm City, FL 34991 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIDINSKY, RICHARD III PO BOX 1092 BOCA RATON, FL 334291092 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rick Lidinsky III PO Box 1411 Palm City, FL 34991 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LLC can't be RA ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(b), 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 person or persons empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:  Chris Day, Partner, Pride LLC 4/24/04 561-302-4756 Signature typed or printed name of signing managing member, manager, or authorized representative					