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Secretary of State

09-08-2004 90001 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020099

1. Entity Name
NORTH AMERICA ENTERPRISES, LLC.

34010517

Principal Place of Business	Mailing Address
~~400 HAYDEN RD APT. 246~~ ~~TALLAHASSEE, FL 32304~~	~~400 HAYDEN RD APT. 246~~ ~~TALLAHASSEE, FL 32304~~

08232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1551 EAGLE NEST		1551 EAGLE NEST CR	
Suite, Apt. #, etc. WINTER S.		Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL		City & State WINTER SPRINGS FL	
Zip 32708	Country SEMINOLE	Zip 32708	Country SEMINOLE

4. FEI Number 54-2112200 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GORMAN, RICHARD A~~
~~400 HAYDEN RD APT. 246~~
~~TALLAHASSEE, FL 32304~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1551 EAGLE NEST CR
City WINTER SPRINGS FL Zip Code 32708

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) DATE

Filing Fee is $50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARD A. GORMAN 1551 EAGLE NEST CR. WINTER SPRINGS, FL 32708	☐ 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
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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)(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: [signature] 9/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #