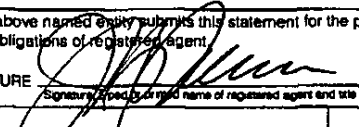
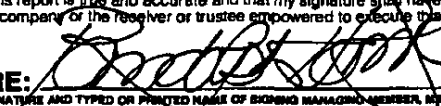


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-22-2004 90353 040 ****50.00

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DOCUMENT # L03000021094			
1. Entity Name EXPERT WITNESSES, LLC			
Principal Place of Business 12800 U.S. HIGHWAY ONE, STE 200 JUNO BEACH, FL 33408		Mailing Address 12800 U.S. HIGHWAY ONE, STE 200 JUNO BEACH, FL 33408	
2. Principal Place of Business 399 North Cypress Drive		3. Mailing Address 399 North Cypress Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tequesta, FL		City & State Tequesta, FL	
Zip 33469	Country USA	Zip 33469	Country USA
4. FEI Number 32-0081884		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORRIS, DAVID B 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name John H. Bourassa Street Address (P.O. Box Number is Not Acceptable) 399 North Cypress Drive City Jupiter FL Zip Code 33469	
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 		John H. Bourassa April 20, 2004 (NOTE: Registered Agent's signature required when re-registering)	
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member/Sec/Treas. ☐ Change ☒ Addition Randolph Hansen 9 Dunbar Road Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Director ☐ Change ☒ Addition Sewall's Point Plantation, Inc. 399 North Cypress Drive Tequesta, FL 33469
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
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)(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: 		Randolph Hansen, Managing Member 561-746-5310 Date 04/20/04 Daytime Phone	