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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1. Entity Name
EXPERT WITNESSES, LLC

Principal Place of Business	Mailing Address
12800 U.S. HIGHWAY ONE, STE 200 JUNO BEACH, FL 33408	12800 U.S. HIGHWAY ONE, STE 200 JUNO BEACH, FL 33408

34006370

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
399 North Cypress Drive		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 [signature] John H. Bourassa April 20, 2004
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 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 Managing Member/Sec/Treas. NAME Randolph Hansen STREET ADDRESS 9 Dunbar Road CITY-ST-ZIP Palm Beach Gardens, FL 33418	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Member/Director NAME Sewall's Point Plantation, Inc. STREET ADDRESS 399 North Cypress Drive CITY-ST-ZIP Tequesta, FL 33469	☐ 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] Randolph Hansen, Managing Member 561-746-5310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 04/20/04 Daytime Phone #