2004 LIMITED LIABILITY COMPANY

May 17, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-26-2004 90040 036 ****50 00 **DOCUMENT # L03000021992** 1. Entity Name GABRIEL IMPORTS L.L.C. 0 Z U U V V A ~ Principal Place of Business Mailing Address 3523 S.E. 22ND PLACE 3523 S.E. 22ND PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 3. Mailing Address 2. Principal Place of Business 3522 SE 22NO Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 75-3/20130 DIE Not Applicable Zip 33904 \$5.00 Additional USA 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER-CHRISTIANS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) C/O SUNBELT REALTY 725 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914 City Zip Code 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS ANAGING TITLÉ MEHBER Deteta TITLE ☐ Change GABRIEL STEINAN HAME NAME SE 22NO PLACE STREET ADDRESS STREET ADDRESS 3523 FL 33904 CITY-ST-ZIP CITY-ST-ZIP CAPE CONOL TITLE Delete TITLE ☐ Chance ☐ Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalebe ☐ Change ☐ Addition NAME - --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delate TITLE ☐ Change ☐ Addition NUME NAME

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.

STREET ADDRESS

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MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

945-6628

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