2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

ANNOAL KEPOKI					Secretary or State			
DOCUMENT # L03000022529 1. Entity Name RESPARK ORLANDO, LLC					04-30-2004 90070 023 ****55.00			
Principal Place of Business Mailing Address							ልኋነሀዕሀ የລ	ı
1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442		1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number	76-07	35206 A	oplied For	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	<u>' </u>		7. Name and	Address of New F	Registered Agent	
			Name					
KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, SUITE 102 B ATTN: JAMES R. KAY				Street Address (s (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS, FL 33410								
				City	· · · · · · · · · · · · · · · · · · ·		FL Zip Coo	le
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								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 May 1, 2004							te check payable to a Department of Stat	te-
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES	·
TITLE NAME STREET ADDRESS	MGR REIBLING, LORENZ 118 MILK STREET	☐ Delete		EET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	BOSTON, MA 02109	<u> </u>		-ST-ZiP	· 			
NAME STREET ADDRESS CITY-ST-ZIP	MGR REIBLING, GUENTHER 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KASSOF, LINDA 1350 E. NEWPORT CENTER DRIVE, SUITE 206 ST						☐ Change	☐ Addition
TITLE NAME	Delete IIII		E			☐ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS -ST-ZIP				
TITLE NAME STREET ADDRESS	:	☐ Delete		EET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP			CITY	-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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.								

LINDA G. KASSOF 04/27/2004 (954) 428-4585 INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date