2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: LUIT DE LANGE SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo City FL Zip Codo The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. Signature space or primer rame of registered agent agent are the initial process. Signature space or primer rame of registered agent ag	City & State		City & State			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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SSO FIFTH AVENUE SOUTH, SUITE 203 NAPLES FL 34102 City FL Zip Code City FL Zip Co	•				Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	350 FIFTH AVENUE SOUTH, SUITE 203				Street Address	(P.O. Box Number is Not Acceptable)	
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