## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000022842 1. Entity Name FREE WEST PROPERTY MANAGEMENT, LLC C4 MAY 18 AM 10: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % STEVEN A. SCIARETTA, P.A. % STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431 **BOCA RATON, FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E083 (10/03) Cha-LLC Applied For Not Applicable City & State City & State FEI Number Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCIARETTA, STEVEN A Street Address (P.O. Box Number is Not Acceptable) % STEVEN A. SCIARETTA, P.A. 2300 GLADES ROAD, SUITE 302-EAST BOCA RATON, FL 33431 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. I am familiar with, 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Addition TITLE □ Delete TITLE ☐ Change NAME SCIARETTA, STEVEN A NAME 2300 GLADES ROAD, SUITE 302-EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. 33431 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 0003730242 5/04--01068--011 \*\*\* CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CETY-ST-ZIP CITY-ST-ZIP ☐ Defete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete пπе NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the end 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 OF BIGHTES MANAGING DIEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytene Phone #

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