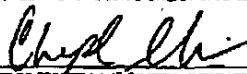


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

504266900739
9/21/2004-90039-026-\$50.00-\$50.00

DOCUMENT # L03000023991				FILED	
1. Entity Name LEWIS HOLDING, LLC				2004 OCT 11 PM 1:58	
Principal Place of Business 3732 MYKONOS CT. BOCA RATON, FL 33487.		Mailing Address 3732 MYKONOS CT. BOCA RATON, FL 33487		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08232004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-0066789	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
LEWIS, CHARLES E 3732 MYKONOS CT. BOCA RATON, FL 33487		Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E City Palm Beach Gardens FL Zip Code 33140			
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 		D. Stoutt, Assistant Secretary		8/27/2004	
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE CHARLES E. LEWIS REVOCABLE TRUST 3732 MYKONOS CT. BOCA RATON, FL 33487	☐ 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	
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	
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)(j), 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: 		Cheryl Lynn, Trustee		8-25-04 (56)347-5682	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					