FROM : May 17 2004 2:25PM Reliance Investments FAX NO. :3052714136 Nov. 10 2004 01:19PM P2

FILED

2004 NOV 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/22/2004-90420-038-$50.00-$50.00

DOCUMENT # L03000024020

1. Entity Name

ADVANCED MINERALS, LLC

Principal Place of Business: ~~6400 SW 107TH AVE PINECREST FL 33156~~

Mailing Address: ~~6400 SW 107TH AVE PINECREST FL 33156~~

Change of address

2. Principal Place of Business: 2911 Grand Ave, Suite, Apt. #, etc.: Suite 4-A, City & State: Miami, FL, Zip: 33133, Country: USA

3. Mailing Address: 2911 Grand Ave, Suite, Apt. #, etc.: Suite 4-A, City & State: Miami FL, Zip: 33133, Country: USA

MOORE CR2E083 (11/03)

4. FEI Number: 20-0458575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LIPSITZ, MARC~~
~~CAMNER, LIPSITZ & POLLER, P.A.~~
~~550 BILTMORE WAY, STE 700~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name: Reid Christensen

Street Address (P.O. Box Number is Not Acceptable): 7700 N Kendall Dr. #405

City: Miami FL Zip Code: 33156

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] 5/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Joaquin Soler 2911 Grand Ave St. 4-A Miami FL 33133 ☐ 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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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.

SIGNATURE: [signature] Managing member Joaquin Soler 4.28.04 786.552.0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #