2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # L03000024076** 1. Entity Name 04-16-2004 90421 006 ****50.00 11770 PROPERTIES, LLC Mailing Address Principal Place of Business 8109 S.E. RIVER'S EDGE STREET JUPITER FL 33458 24040014 8109 S.E. RIVER'S EDGE STREET JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 55-0839702 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and the Manufacture of the same SHENKMAN, BENJAMIN P Street Address (P.O. Box Number is Not Acceptable) 2160 WEST ATLANTIC AVENUE, 2ND FLOOR **DELRAY BEACH FL 33445** Lion Court Zip Code 1 ---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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MCRM ☐ Addition ☐ Change TITLE ☐ Delete TITLE BERNARD R. KIRCHMER NAME NAME ų. 8109 SERIVERS GOGEST STREET ADDRESS STREET ADDRESS JUPITER FC 33458 CITY-ST-ZIP CITY-ST-ZIP MCRM Change ☐ Addition TITLE ☐ Delete TITLE FRANCINE GRECO NAME 8109 SE RIVERS EDGE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITLE Change ☐ Addition TITLE NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

BERNARO R. KIRCHNER 3/29/04

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED