2004 LIMITED LIABILITY COMPANY

Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000025429** 04-23-2004 90024 024 ****50.00 1. Entity Name IV B HOLDING, LLC Principal Place of Business Mailing Address 1825 BUSINESS PARK BLVD., SUITE A 1825 BUSINESS PARK BLVD., SUITE A DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 33-*1070*314 Not Applicable Zip Country Zip 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 Name BURNETT, RANDOM R Street Address (P.O. Box Number is Not Acceptable) THIRD FLOOR EAST 501 N. GRANDVIEW AVE. DAYTONA BEACH, FL 32118 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) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM □ Change ☐ Addition TITLE ☐ Delete TITLE **BUQUICCHIO, ANGELO** NAME NAME STREET ADDRESS 1825 BUSINESS PARK BLVD., SUITE A STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 province of the same legal effect as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER OR AUTHORIZED REPRESENTATIV

AME OF SIGNING MANAGING

SIGNATURE:

April 15, 2004

FILED