2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-06-2004 90060 024 ****50.00

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1. Entity Name
REACH INSTITUTE, LLC

04009987

Principal Place of Business	Mailing Address
CELEBRATION BLVD. #111 CELEBRATION, FL 34747 US	P.O. BOX 9270 WINTER HAVEN, FL 33883 US

07282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
155 - 2nd St SW	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven	City & State: FL 33880
Zip: 33880 Country: USA	Zip: 33880 Country: USA

4. FEI Number: 270064134 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HEWETT, STEVEN C
155 2ND ST SW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 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	President Steven C. Hewett DDS 155 2nd St SW Winter Haven, FL 33880 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Steven Hewett, DDS 155 - 2nd St. SW. Winter Haven, FL 33880 ☐ 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

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