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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mailing Address Mailing Address C/0 MOSS ADMIS LLP TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES, CA 90025 TITE MISHINE BLVD, SUITE 900 LOS ANGELES TITE 900 LOS AN
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CO MOS ADMAS LIP 11766 MILSHARE BIVD, SUITE 900 LOS ANGELES, CA 90025 2. Principal Piace of Business 3. Masting Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Street Address of Status Desired Foo Required 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City
L1766 MILSHIRE BLVD, SUITE 900 LOS ANGELES, CA 90025 1.766 MISHIRE BLVD, SUITE 900 LOS ANGELES, CA 90025 2. Principal Place of Business 3. Making Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Street Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHAYS SER, FL 32301-2525 City 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 agent and its Papilicable Filling Foe is \$50.00 Due by May 1, 2004 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 Signara, typed or private raws of registered agent and its Papilicable WAR ANAGING MEMBERS/MANAGERS 10. Make Check payable to Florida Department of State Make Check payable to State Make Check payable to State WARP W. KELLEY 339 HEDDEN BAY #401 STRET AURIESS OTH'S 1-2P Delete TILE MAP W. KELLEY 331 LESWAPD DRUYE 333 LESWAPD DRUYE 334 LESWAPD DRUYE 334 LESWAPD DRUYE 335 LESWAPD DRUYE 336 LESWAPD DRUYE 336 LESWAPD DRUYE 337 LESWAPD DRUYE 338 LESWAPD DRUYE 338 LESWAPD DRUYE 339 LESWAPD DRUYE 339 LESWAPD DRUYE 330 LESWAPD DRUYE 331 LESWAPD DRUYE 331 LESWAPD DRUYE 331 LESWAPD DRUYE 334 LESWAPD DRUYE 335 LESWAPD DRUYE 336 LESWAPD DRUYE 337 LESWAPD DRUYE 337 LESWAPD DRUYE 338 LESWAPD DRUYE 338 LESWAPD DRUYE 338 LESWAPD DRUYE 338 LE
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. 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 and title if applicable. (NOTE Registered Agent signature required when revisation) Date Filing Fee is \$50.00 Due by May 1, 2004 P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME Delete TITLE M62 VIPGINIA H. KELLEY STREET ADDRESS STREE
TALLAHASSEE, FL 32301-2525 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if applicable. Signature: typed or princed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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