2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State
07-20-2004 90055 019 ****50.00

DOCUMENT # L03000028821

1. Entity Name
SCAN SEMINOLE, LLC

Principal Place of Business	Mailing Address
2580 COLUMBINE COURT PARK CITY, UT 84060 US	2580 COLUMBINE COURT PARK CITY, UT 84060 US

07032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
8991 TRIPLETT ROAD		8991 TRIPLETT ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N. FT. MYERS, FL		City & State: N. FT. MYERS, FL	
Zip: 33917	Country: US	Zip: 33917	Country: US

4. FEI Number: 86-1076152 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIELSEN, JAN C 1763 MAIN STREET APT. 232H DUNEDIN, FL 34698	Name: ERIK NIELSEN Street Address (P.O. Box Number is Not Acceptable): 8991 TRIPLETT ROAD City: N. FT. MYERS FL Zip Code: 33917

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] 7/6-2004
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	MGR	☑ Delete	TITLE	GM	☐ Change ☑ Addition
NAME	NIELSEN, ERIK		NAME	CARSTEN O. NIELSEN	
STREET ADDRESS	2580 COLUMBINE COURT		STREET ADDRESS	8991 TRIPLETT ROAD	
CITY-ST-ZIP	PARK CITY, UT 84060		CITY-ST-ZIP	N.FT. MYERS, FL 33917	
TITLE		☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME			NAME	NIELSEN ERIK	
STREET ADDRESS			STREET ADDRESS	8991 TRIPLETT ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	N.FT. MYERS, FL 33917	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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.

SIGNATURE: [signature] 7/6-2004 239-543-2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #