2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L03000030136

Entity Name: PDQ IRONDEQUOIT TOPS, LLC

Current Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD., STE 904
HALLANDALE, FL 33009

New Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD
STE 904
HALLANDALE, FL 33009

Current Mailing Address:

1250 E. HALLANDALE BEACH BLVD., STE 904
HALLANDALE, FL 33009

New Mailing Address:

1250 E. HALLANDALE BEACH BLVD
STE 904
HALLANDALE, FL 33009

FEI Number: 20-0160891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABRAMSON, DANIEL
1250 E. HALLANDALE BEACH BLVD., STE 904
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: ABRAMSON, DANIEL
Address: 1250 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: MGR ( ) Change (X) Addition
Name: CLEEMAN, PAUL
Address: 1250 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL ABRAMSON MM 04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date