FILED Apr 26, 2004 8:00 am Secretary of State 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name LCC, LLC							04-26-2004 9	90047 0	01 ****50	0.00
Principal Place of Business 600 GRAPETREE DR. #10-DS KEY BISCAYNE, FL 33149			Mailing Address 600 GRAPETREE DR. #10-DS KEY BISCAYNE, FL 33149		1					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt # etc			Suite, Apt. #, etc			04152004	Chg-LLC	CR2E0	083 (10/03)	
City & State			City & State			4. FEI Numb	0172174	4		oplied For
Zip	Zip Country		Zip Country		try		of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Re	egistered a	Agent	
			*		Name		•			***
ARENTSEN, MARIAS 600 GRAPETREE DR. #10-DS KEY BISCAYNE, FL 33149						(P.O. Box Numb	er is Not Acceptable)		
	, , , , , ,				City			FL	Zip Cod	e
			r the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Flor			and accept
SIGNATURE	tions of regist	• t					•			
	Signature; typed	or printed name of registered agent a	and title if applicable. (NOT)	: Registere	d Agent signature require	d when reinstating)		DATE	· · ·	
Filing Fee is \$50.00 Due by May 1, 2004										
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h Jesus Fi Di	ling Fee i	y 1, 2004					Florida	Departm	ent of State	
h Di	ue by Ma	is \$50.00 y 1, 2004 MANAGING MEMBE		10.	· · ·		Make Florida ADDITIONS/0	Departm	ent of State	
9. 8 TITLE: 166"	MGR	y 1, 2004 MANAGING MEMBE	RS/MANAGERS	TITL			Florida	Departm	ent of State	e Addition
h Di	MGR ARENTSE	y 1, 2004		TITL			Florida	Departm	ent of State	
9, 2' TITLE JAC'S	MGR ARENTSE	MANAGING MEMBE		TITLI NAM STRE	É		Florida	Departm	ent of State	
9, 8' TITLE: JAC'S NAME STREET ADDRESS	MGR ARENTSE	MANAGING MEMBER EN. MATIAS PETREE DR. #10-DS	☐ Delete	TITLI NAM STRE	E ET ADDRESS - ST - ZIP		Florida	Departm	ent of State	
9, 27 TITLE JOST NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ARENTSE	MANAGING MEMBER EN. MATIAS PETREE DR. #10-DS	□ Delete	TITLI NAM STRE CITY TITLI NAM	E EET ADDRESS -ST-ZIP E		Florida	Departm	Change	Addition
9. 2. TITLE JOST NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR ARENTSE	MANAGING MEMBER EN. MATIAS PETREE DR. #10-DS	□ Delete	TITLI NAM STRE CITY TITLI NAM STRE	E EET ADDRESS ST-ZIP E E EET ADDRESS		Florida	Departm	Change	Addition
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9. 22 TITLE JACT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	MGR ARENTSE	MANAGING MEMBER EN. MATIAS PETREE DR. #10-DS	□ Delete □ Delete	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI AMM STRE CITY NAM STRE	E ET ADDRESS - ST - ZIP E E E E E E E E E E E E E E E E E E E		Florida	Departm	Change	Addition Addition
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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.