

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031521

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: MAINLAND I, LLC

## Current Principal Place of Business:

2295 CORPORATE BOULEVARD  
SUITE 215  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

## Current Mailing Address:

2295 CORPORATE BOULEVARD  
SUITE 215  
BOCA RATON, FL 33431 US

## New Mailing Address:

FEI Number: 56-2389887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCRAE, MITCHELL T ESQ.  
6274 LINTON BOULEVARD  
SUITE 100  
DELRAY BEACH, FL 33484 US

## 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: MGRM ( ) Delete  
Name: COATES, GARY  
Address: 2295 CORPORATE BOULEVARD, SUITE 215  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: VOGEL, SEYMOUR  
Address: 2295 CORPORATE BOULEVARD, SUITE 215  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COATES, GARY L  
Address: 2295 CORPORATE BOULEVARD, SUITE 215  
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY L. COATES

MGRM

04/05/2004

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