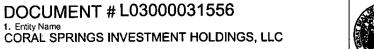
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90046 006 ****50.00

| 00.0.20 | PRINGS | INVESTMENT HO | OLDINGS, LLC | | | | | | .,,,,,, | | 70.00 |
|---|---|------------------------|--|---|---|--|-------------------------|-----------------------------------|------------|----------------------------|-----------------------------|
| Principal Place of Business 10048 N.W. 53RD STREET SUNRISE, FL 33351 2. Principal Place of Business | | | Mailing Address 10048 N.W. 53RD STREET SUNRISE, FL 33351 3. Mailing Address | | | | 24054095 | | | | |
| | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04192 | 004 | Chg-LLC . | CR2E | E083 (10/03) | , |
| City & State | | | City & State | | | 4. FEI N | lumber | 20-019 | 4434 | | oplied For ot Applicable |
| Zip | Country | | Zip | Country | | 5. Certi | ficate of | Status Desired | | \$5.00 Add Fee Require | |
| No. 10 The Late | 6.⊹Name | and Address of Current | Registered Agent | | | 7. Name | e and A | ddress of New | Registered | d Agent | _: -: |
| HOTCJKIS 10048 N.W SUNRISE, | v. 53RD S | TREET | | | | dress (P.O. Box N | Number | is Not Acceptab | ble) | | |
| | | | | | City | | | | F | L Zip Cod | е |
| Fi Di | Signature, typed illing Fee i ue by May | / 1, 2004 | - | | v vila i signature | required when reinstat | | Flori | da Depart | payable to ment of Stat | |
| 9. | | MANAGING MEMBI | | 4.0 | | | | ADDITION | S/CHANGE | 20 | |
| TITLE NAME | | | ERS/MANAGERS | 10. | | 60 m 6 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | ERS/MANAGERS | TITU NAM STRE | E] | MGRM HOTCHKIS: 10048 NW SUNRISE | | |)68 | ☐ Change | Z 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PETER A. HOTCHKISS

4/19/04

5954-746-5770

Daytime Phone #