2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 25, 2004 8:00 am Secretary of State **DOCUMENT # L03000031843** 05-25-2004 90205 010 ****50.00 T.R. GILLILAND ENTERPRISES, Principal Place of Business Mailing Address 3001 S.ATLANTIC BLVD AVE 3001 S.ATLANTIC BLVD: AVE 24076864 **UNIT 305 UNIT 305** NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142003 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 14-1895539 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLILAND, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 3001 SOUTH ATLANTIC BLVD. AVC **UNIT 305** NEW SMYRNA BEACH, FL 32169 Zip Code 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 farrilliar with, and accept the obligations of registered agent. SIGNATURE 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 Make check payable to Due by September 8, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TIT! E Change ☐ Addition □ Delete GILLILAND, SHELLEY AVE NAME NAME STREET ADDRESS 3001 S. ATLANTIC BLAD LINIT305 STREET ADDRESS NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE GILLILAND, TIMOTHY 3001 S. ATLANTIC BAND UNIT305 NAME NAME STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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.

FILED

AffaChment 24006864 # L03000031843

May 19, 2004

Dear Florida Dept of State,

We are new residents of Florida and new business owners. We did not hire someone to do some of the documentation for us so we learning slowly the Florida State requirements and/or business ownership requirements. This is the first time we have ever started our own business so we learning all the requirements but not always fast enough. We thought we had until September of 2004 to file this document and pay our fee.

We have not received any letter stating the time frame for us to file our yearly annual report until my accountant mention it a few days ago to me. We are greatly sorry for the delay and in the future we will make sure this is filed on time. Please wave any penalties for the delay. Thanks for your consideration.

Sincerely,

Shelley Gilliland

President

T.R. Gilliland Enterprise, LLC.

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