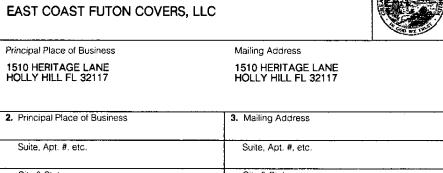
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000033066

1. Entity Name



FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90503 029 ****50.00

2.6. 66.16.16.16.16.16.16.16.16.16.16.16.16.1			1		
Principal Place of Business		Mailing Address	Mailing Address		7
1510 HERITAGE LANE HOLLY HILL FL 32117		1510 HERITAGE LANE HOLLY HILL FL 32117			
2. Principal Place of Business		3. Mailing Address		.	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)
City & State		City & State			4. FEI Number Applied For Not Applied Sor
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Shadditional Fee Required
··-	6. Name and Address of Curr	ent Registered Agent	<u>' </u>		7. Name and Address of New Registered Agent
	organisation of the second	<u> </u>		Name	
BALL, JENNIFER M 1510 HERITAGE LANE HOLLY HILL FL 32117			-	Street Address ((P.O. Box Number is Not Acceptable)
1102	LI IIILI L SZIII				
			i	City	FL Zip Code
	named entity submits this statemer ions of registered agent.	it for the purpose of changing it	ts registered	office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered a	pent and title if applicable. (NO	OTE: Registered Ad	gent signature required	ed when (einstaing) DATE
· · · · · · · · · · · · · · · · ·		\$4,500,000 de 150,000,000 de 150,000 de 150,	IOW!!!, FE	E IS \$50.00	
		Di .	ue By May	1, 2004	
9.	MANAGING MEN	MBERS/MANAGERS	10.	The Part of the State of the St	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BALL, JENNIFER M		NAME		
	1510 HERITAGE LANE			ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117		CITY-ST	-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS .	·
CITY-ST-ZIP			CITY-ST		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		_ Delete	NAME	ŀ	Things I Addition
STREET ADDRESS		1	STREET /	ADDRESS	
CITY-ST-ZIP			CITY-ST	r-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS				ADDRESS	
, CITY-ST-ZIP		· ·· · · · ·	CITY-ST	T-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS	
CITY-ST-ZIP			CITY-ST	i	
TITLE		☐ Delete	TITLE		Channe C Addition
NAME		LLJ Deleie	NAME		☐ Change ☐ Addition
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			CITY-ST		
11. I hereby o	certify that the information supplied	with this filing does not qualify f	for the exemp	otion stated in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the information

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Jacob JENNIFES M. BALL

BE OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE