2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2004
Secretary of State

DOCUMENT# L03000034882

Entity Name: SUPRAMAR, LLC

Current Principal Place of Business:

20971 VIA AZALEA
#4
BCA RATON, FL 33428

New Principal Place of Business:

6517 COLOMERA DRIVE
BCA RATON, FL 33433 US

Current Mailing Address:

20971 VIA AZALEA
#4
BCA RATON, FL 33428

New Mailing Address:

6517 COLOMERA DRIVE
BCA RATON, FL 33433

FEI Number: 59-3774958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLIER, MARIA CLARA
20971 VIA AZALEA
#4
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

SELLIER, MARIA CLARA
6517 COLOMERA DRIVE
BOCA RATON, FL 33433 US

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: _____ 07/05/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SELLIER, MARIA CLARA
Address: 20971 VIA AZALEA #4
City-St-Zip: BOCA RATON, FL 33428

Title: MGR ( ) Delete
Name: PEDRAZA, HERNAN
Address: 2312 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SELLIER, MARIA CLARA
Address: 6517 COLOMERA DRIVE
City-St-Zip: BOCA RATON, FL 33433 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: MARIA CLARA SELLIER MM 07/05/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date