2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: FROM TYPED OR PRINTED NAME OF SKINNING MANAGERS, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # L03000036986** 03-31-2004 90347 025 ****50.00 HARPER PROPERTIES, LLC Mailing Address Principal Place of Business **614 3RD AVENUE NORTH 614 3RD AVENUE NORTH** JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250 2. Principal Place of Business 3. Mailing Address 14286-19 Beach Blvd #215 Suite, Apt. #, etc. Suite, Apt. #, etc 03292004 Chg-LLC CR2E083 (10/03) Jacksonville 4. FEI Number 76 - 0743232 Applied For City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 45A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALOTIN, GREGORY Street Address (P.O. Box Number is Not Acceptable) 614 3RD AVENUE NORTH JACKSONVILLE, FL 32250 City 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 familiar 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 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TITLE Defete TITI F ☐ Change Addition BALOTIN, GREGORY NAME NAME STREET ADDRESS 614 3RD AVENUE NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition BALOTIN, DIANE NAME NAME STREET ADDRESS 614 3RD AVENUE NORTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition MILE TITLE Change 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