2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037159

Entity Name: LYNN & VROD, LLC

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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319 CLEMATIS ST., STE. 610 319 CLEMATIS STREET

WEST PALM BEACH, FL 33401 610

WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

319 CLEMATIS ST., STE. 610 319 CLEMATIS STREET

WEST PALM BEACH, FL 33401 610

WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

FEI Number: 30-0209130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNN, KATE LYNN, KATE 319 CLEMATIS ST., STE, 610

319 CLEMATIS STREET

WEST PALM BEACH, FL 33401 610 WEST PALM BEACH, FL 33401

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: 04/05/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

() Delete

() Change (X) Addition LYNN, KATE Name: Name: Address: Address: 319 CLEMATIS STREET, SUITE 610 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401

Title: Title: MGR () Change (X) Addition () Delete

Name: Name: VROD, SHARI

Address: Address: 319 CLEMATIS STREET, #610 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401

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: KATE LYNN 04/05/2004