
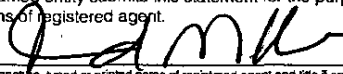
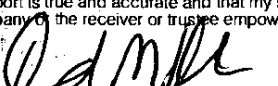


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 047 ****55.00

DOCUMENT # L03000037399 1. Entity Name TODERON, LLC					
Principal Place of Business 19626 BACK NINE DRIVE BOCA RATON, FL 33498			Mailing Address 19626 BACK NINE DRIVE BOCA RATON, FL 33498		
2. Principal Place of Business 19252 NATURES VIEW CT Suite, Apt. #, etc.		3. Mailing Address 19252 NATURES VIEW CT Suite, Apt. #, etc.			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 52-231-3120	
Zip 33498		Country PALM BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KALEN, LISA F 19626 BACK NINE DRIVE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name: KALEN, DAVID M Street Address (P.O. Box Number is Not Acceptable): 19252 NATURES VIEW CT City: BOCA RATON FL Zip Code: 33498		
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:  DAVID M. KALEN MGR DATE: 7/27/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALEN, LISA F 19626 BACK NINE DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALEN, DAVID M 19626 BACK NINE DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE:  DAVID M. KALEN MGR DATE: 7/27/04 DAYTIME PHONE #: 561-477-8713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					