## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L03000037862  1. Error literal  Procept Pane of Delinius  1552 SANDSPUR 80.  1	, ,	ANNUAL	REPORT							
Principal Place of Business  1552 SANDSPUR RD. MATLAND, FL 32751  2. Principal Place of Business  Sate, Apr. #, etc.  Sate, Apr. #, etc.  Sate, Apr. #, etc.  Sate, Apr. #, etc.  Country  2p  Country	i l					F	11 -			
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2. Principal Prace of Business  Sulle, Apt. #, etc.	1552 SANDS	SPUR RD.	1552 Sandspur RD.			LLAHASS	EE. E. STAT	F F		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   City & State	MAITENNE, I	L 32731	MATERIO, IL 32731	<b>L</b>		1 TO 6 TO	LURIZ Luit inii teniteni	) <b>                                      </b>	IN EL CUER D'ALL	
City & State  City & State  City & State  City & State  Country  Zip  Country  S. Certricate of Status Desired  Stoop Additional Properties of	2. Principal Place of Business		3. Mailing Address		/					
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S. Certificate of Sistaus Desired	City & State		City & State	City & State		4. FEI Numbe	er -		<b>▶</b> →	<del></del>
B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N. ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.    State Address   China   Chi	Zip	Country	Zip	Country		5. Certificate	of Status Desired	· 🗆		
BRC CORPORATE SERVICES OF CENTRAL FL, INC STE. 1100 ORLANDO, FL 32801  City FL 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 boligations of registered agent.  SIGNATURE  Filting Foe Is \$50.00 Due by May 1, 2004  F		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered	Agent	
STEE 1700 ORLANDO, FL 32801  City FL 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  Filting Fee is \$50.00  Due by May 1, 2004  Filting Fee is \$50.00  Due by May 1, 2004  SIRET ADDRESS  OFF-ST-2P  TITLE  MARC  SIRET ADDRESS  OFF-ST-2P  MARC  SIRET ADDRESS  OFF-ST-2P  TITLE  MARC  SIRET ADDRESS  OFF-ST-2P  MARC  SIRET ADDRESS  OFF	B&C COD	DODATE SEDVICES OF CENT	DALEL INC	Name						
City FL 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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MARK check payable to Florida Department of State  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  ITILE MGR BROCK, JAY P MANAGING MEMBERS/MANAGERS  ITILE MGR CHANGES DAY DEVELOPMENT OF STATE ADDRESS OF STATE ADDRE	390 N. OR	ANGE AVE.	RAL FL, INC	Street A	Address (I	P.O. Box Numbe	er is Not Accepta	bie)		-
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hybrid or primiter remort registered agent and tills if applicable.  (NOTE Registered Agent agriculture registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  INTE  FILING Foe is \$50,00  Due by May 1, 2004  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  INTE   Change   Addition   MARE   Delete   MILE   Change   Addition   MARE   Delete   MILE   MILE   Change   Addition   MAITLAND, FL 32751  INTE   MARE   Delete   MILE   MILE   MARE   Delete   MILE   MILE   MILE   MARE   Delete   MILE   MILE   MILE   MARE   Delete   MILE						·				
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