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TALLAHASSEE FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038330

1. Entity Name
MYI, LLC

Principal Place of Business
23427 WESTCHESTER BLVD.
PORT CHARLOTTE, FL 33980

Mailing Address
%DAVID A HOLMES, ESQ-FARR, FARR, EMERICH
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 33951-1447

02192004 Chg-LLC CR2E083 (10/03) 4/20

2. Principal Place of Business	3. Mailing Address
	P.O. Box 495658
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Port Charlotte, FL
Zip / Country	Zip: 33949 Country: USA

4. FEI Number: 02-0711899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLMES, DAVID A ESQ
FARR, FARR, EMERICH, SIFRIT, HACKETT AND C
ARR, P.A. 99 NESBIT ST.
PUNTA GORDA, FL 33950-3636

7. Name and Address of New Registered Agent
Name: Zusman, Neil
Street Address (P.O. Box Number is Not Acceptable): 23427 Westchester Blvd.
City: Port Charlotte FL Zip Code: 33980

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: Neil Zusman
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager NAME: Neil Zusman STREET ADDRESS: 23427 Westchester Blvd. CITY-ST-ZIP: Port Charlotte, FL 33980	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Neil Zusman Neil Zusman 3-24-04 941-624-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #