2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. Principal Place	e of Business	3. Mailing Address			
		10. Box 11229]		
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.	021820		
City & State		City & State	TN 4. FEIN		
Zip	Country	^{zig} 3939 ^{co}	untry 5. Certif		
	6. Name and Address of Current Registered Agent				
		·	Name		

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90220 039 ****50.00

DOCUMENT # L03000038504 1. Entity Name FORTECK, LLC					04-09-2004	90220 039 ****50	0.00	
Principal Place of Business Mailing Address		-	CURTE 242		740301x			
21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433		21301 POWERLINE ROAD, SUITE 312 Boca Raton, FL 33433						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State Knook Julie TN		4. FEI Number	5746477		plied For t Applicable	
Zip	Country	^z 37939	Country	5. Certificate of	of Status Desired	□ \$5.00 Addi Fee Required		
	6. Name and Address of Current R	legistered Agent	Nome	7. Name and	Address of New Re	gistered Agent		
SHAPIRO.	MICHAEL B		Name					
SHAPIRO, 7777 GLAI	BLASI & WASSERMAN, P.A. DES ROAD, SUITE 110		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BOCA RAT	ΓON, FL 33434		<u> </u>					
	•		City			FL Zip Code	•	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regis	stered agent, or both	n, in the State of Flor	ida. I am familiar with, i	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	egistered Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004								
Fi Di	iling Fee is \$50.00 ue by May 1, 2004					check payable to Department of State	3	
Fi Di	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBEF	RS/MANAGERS -	10.			Department of State	•	
9.	MANAGING MEMBER	RS/MANAGERS - Delete	TITLE	.	Florida	Department of State	Addition	
9. TITLE NAME	MANAGING MEMBEF MGRM LEVIN, STEVEN	☐ Delete	TITLE NAME		Florida	Department of State		
9.	MANAGING MEMBER	☐ Delete	TITLE		Florida	Department of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT	☐ Delete	TITLE NAME STREET ADDRESS		Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT BOCA RATON, FL 33433 MGRM KAYDEN, BERNARD	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department of State CHANGES Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT BOCA RATON, FL 33433 MGRM KAYDEN, BERNARD 550 MAMARONECK LANE, SUIT	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department of State CHANGES Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT BOCA RATON, FL 33433 MGRM KAYDEN, BERNARD	☐ Delete E 312 ☐ Delete E 404	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	CHANGES Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT BOCA RATON, FL 33433 MGRM KAYDEN, BERNARD 550 MAMARONECK LANE, SUIT	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department of State CHANGES Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM LEVIN, STEVEN 21301 POWERLINE ROAD, SUIT BOCA RATON, FL 33433 MGRM KAYDEN, BERNARD 550 MAMARONECK LANE, SUIT	☐ Delete E 312 ☐ Delete E 404	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	`	Florida	CHANGES Change	Addition Addition	
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I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 11920 (SN), include statutes. I during that the information indicated on this report is true and daccurate 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 of the pagiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

February 19 2004(865) 584-4175 Steven Levin, Managing Member

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

Daytime Phone # Date