FILED Oct 01, 2004 8:00 am Secretary of State 09-10-2004 90062 028 ****50.00

2004 LIMITED LIABILITY COMPANY

Secretary of Sta
09-10-2004 90062 028 ****50

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2. Principal Pia	ice of Business	3, Mailing Address				0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Suite, Apt. #, etc.		Suite, Apr. W, etc.			05242004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numb	er	· T Ac	plied For
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Zip	Country	Zρ	Coun	try	1 - 0 - 0	at Carre Carle de	□ \$5.00 Add	Monei
					- 75. Certificate	of Status Desired	Fee Require	d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Fl	egistered Agent	:
			Ì	Name				
NOVAK, FRANK			Street Arter		(P.O. Boy Name	er is Not Acceptable		
100 BOWSPRIT DRIVE N. PALM BEACH, FL. 33408		SION ACCIO		Ologi Addi Iss	1. ,C. DOZIACIA	o a torreceptació	<u> </u>	_
N. FALIN D	EACH, FL 33406				`			
	f						The Cod	
	•			City			FL Zip Cod	
8. The above r	named entity submits this statement for	or the purpose of changing it	s registere	ed office or registe	ered agent, or be	th, in the State of Flo	rida. Lem familiar with,	and accept
the obligation	ons of registered agent.				:		• • •	
SIGNATURE -	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
	Signature, typed it printed neme of registered agent		TE: Registere	d Agent signature require	ed when reineteting)		DATE	
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	ng Fee is \$50.00		:		•		e check payable to	
Dale Di	y September 8, 2004		-		ţ	FIDING	Department of Stat	
9	MANAGING MEMB	FRS/MANAGERS	10.		,	ADDITIONS A	CHANGES	
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	NOVAK FRANK -	La Deleis	NAM		:			
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	Charles G. Joves		NAM	- h				
STREET ADDRESS	1249 Alabama Ave.		STRE	ET ADDRESS				
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11. I hereby o	ertify that the information supplied wi on this report is true and accurate an	In this filing does not qualify t d that my signature shall hav	for the exe	emption stated in S a legal effect se if	Section 119,07(3 I made under net	(ii), Florida Statutes. h: that I am a manai	I turther certify that the ging member or manno	or of the
limited liai	bility company or the receiver or trust	es empowered to execute th	is report a	s required by Cha	pter 608, Florida	Statutes.	, 0	
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SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGIND MEMBER, I	LANAGER, DI	ALTHORIZED REPRE	SENTATIVE	Date	Daytime Phone #	
		(1)	•				•	



Attachment-3401Clark9

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 13, 2004

FVN PARTNERS, LLC 100 BOWSPRIT DRIVE N. PALM BEACH, FL 33408

Subject: FVN PARTNERS, LLC

Reference Number:

L03000038688

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, čall the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE.OF. THIS LETTER.

သည်။ မူတာ သည်း မန္တာတက်ပေါ် များသည် ပါလများသည်။ ကျောက်ပြောက်ပြောကျသည်။ အညာက ရှည်းမြောင်းနှင့် ကမ်းကြောင့် မရိအ ညနာမေတာ့ မောင်းမြေရေးမှ အောက်ရင် ရေရှားများသည်။ နှင့်သည်။ ညီ ရေသေးသည် ကော်လူပမ်းဆော် ကျောက်ပြုတွေ ကျောင်းမြောက်

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg ANNUAL REPORTS SECTION