2004 LIMITED LIABILITY COMPANY

Feb 23, 2004 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # L03000040854** 02-23-2004 90347 046 ****50.00 YANNUZZI ASSOCIATES, LLC Principal Place of Business Mailing Address 8630 S.E. WATER OAK PLACE 8630 S.E. WATER OAK PLACE TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 200297157 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, ROBERT B ESQ Street Address (P.O. Box Number is Not Acceptable) 17 BAY HARBOR ROAD TEQUESTA, FL 33469 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, typed or printed name of registered agent and title if applicable, DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State $\zeta_1 > 2$ MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9.... 10. MGR TITLE ☐ Defete TITLE Change ☐ Addition YANNUZZI, VINCENT L NAME NAME 8630 S.E. WATER OAK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete par the second branch I Change TITLE TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP

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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.