2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: 9

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # L03000042256 1. Entity Name 04-23-2004 90011 034 ****50.00 YOUNG BLACK ENTERPRISES, LLC Principal Place of Business Mailing Address 1030 SW 50TH AVENUE 1030 SW 50TH AVENUE MARGATE FL 33068 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address 273 S. St Rd7 273 S St Rd 7 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 233 233 Applied For 4. FEI Number City & State City & State 200384200 Not Applicable Margate Country \$5.00 Additional Zip Country 5. Certificate of Status Desired <u>33</u>068 U.S.A 33068 u.s.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steve Vixamal VIXAMAR, STEVE Street Address (P.O. Box Number is Not Acceptable) 1030 SW 50TH AVENUE MARGATE FL 33068 # 310 Hampton Blud Zip Code 33068 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. 02.10.04 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM ☐ Addition (Change TITLE MGRM ☐ Delete TITLE vixamae, steve NAME 7990 Hampton Blut & 310 NAME VIXOMAR, STEVE STREET ADDRESS STREET ADDRESS 1030 SW 50TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33068 margate ft, 33068 knights, clifford w Je Change ☐ Addition MGR ☐ Delete TITLE TITLE NAME KNIGHTS, CLIFFORD W NAME 7980 +lampton Slud # 310 STREET ADDRESS 1030 SW 50TH AVENUE STREET ADDRESS MARGATE FL 33068 CITY-ST-ZIP CITY-ST-ZIP Margale ☐ Delete TITLE ☐ Change ☐ Addition TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TMF ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STEVE VIXAMAR 02,10.04

FILED