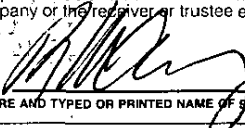


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90133 001 ***100.00

DOCUMENT # L03000042360 1. Entity Name GOLD COAST LINEN SERVICES, LLC					
Principal Place of Business 1811 NO. DIXIE HIGHWAY WEST PALM BEACH, FL 33407			Mailing Address 1811 NO. DIXIE HIGHWAY WEST PALM BEACH, FL 33407		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent BRAY, LARRY E 2247 PALM BEACH LAKES BLVD., STE 229 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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-STATE-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		
MGR LUNEBURG, KAREN 18 LOWER CROSS ROAD GREENWICH, CT 06831			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
(Empty row)			(Empty row)		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  CR Robert K. McClammy				Date 2/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 800-832-3884	