2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # L03000042596** 03-18-2004 90183 038 ****50 00 BIRDIE ASSOCIATES, L.L.C. Mailing Address Principal Place of Business 1345 MAIN ST., STE. C-2 SARASOTA, FL 34236 1345 MAIN ST., STE. C-2 SARASOTA, FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E083 (10/03) City & State City & State Applied For 56-2412642 Not Applicable Country \$5.00 Additional Zio Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAN, JOHN A ESQ Street Address (P.O. Box Number is Not Acceptable) C/O DUNLAP & MORAN, P.A. 22 SOUTH LINKS AVE., STE. 300 SARASOTA, FL 34236 Zip Code City FI 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGRM Addition TITLE ☐ Delete TITLE DORE, STEPHEN W NAME MALE 1341 MAIN ST., STE. C-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP MGRM ☐ Change □ Addition ☐ Delete TITI F SULLIVAN, JOHN M NAME NAME 1742 PEREGRINE POINT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP MGRM Change ☐ Addition TITLE TITLE Detete HAUTAMAKI; RAYMOND D-NAME NALE STREET ADDRESS STREET ADDRESS 4130 BOCA POINTE DR. CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP ☐ Addition TITLE MGRM ☐ Delete TITLE ☐ Change **DUNNING, JERRY** NAME NAME STREET ADDRESS 5009 COCO PLUM WAY STREET ADDRESS CITY-ST-7IP CITY.ST.7P SARASOTA, FL 34241 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED