

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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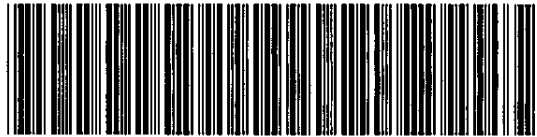
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # L03000042856			
1. Entity Name TEDDY HOLDINGS, L.L.C.			
Principal Place of Business 2405 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		Mailing Address 2405 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
2. Principal Place of Business same		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQUIRE FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 8TH COURT PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 state if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by September 8, 2004		Makes check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Barbara G. Banks 2405 University Drive Coral Springs, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Kathleen M. Moro, Authorized agent		9/24/04 474-8000 (954)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Yr	

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TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REFERENCE : 908366 9029A

AUTHORIZATION :

COST LIMIT : \$ 55.00

Patricia Pizuto

ORDER DATE : September 30, 2004

ORDER TIME : 11:35 AM

ORDER NO. : 908366-005

CUSTOMER NO: 9029A

CUSTOMER: Ms. Kathy Moro
Frank Weinberg & Black, P.l.
7805 Sw 6th Court

Plantation, FL 33324

ANNUAL REPORT FILING

NAME: TEDDY HOLDINGS, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: _____