## FILED Apr 12, 2004 8:00 am Secretary of State 03-29-2004 90559 032 \*\*\*\*50.00

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # L03000043 REAL ESTATE, LLC	3305							
	LOGY DR. G, PA 15317	Mailing Address 601 TECHNOLOGY DR. SUITE 200 CANONSBURG, PA 15317							
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092004	Chg-LLC	CR2E083 (	10/03)		
City & State		City & State		4. FEI Numb	<del>*</del> 52 - 24	13354		olied For Applicable	
Zip Country		Zip	Country		5. Certificate	ol Status Desired		00 Addi Required	tional
	5. Name and Address of Current	t Registered Agent			7. Name an	d Address of New F			
CTCOPP	ORATION SYSTEM	ويجم كيانه ليمانوناهن	⊸ l Nam	Name  Name					= xx :
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Stree	Street Address (P.O. Box Number is Not Acceptable)					
FUNITALI	ON, 1 2 30324								
			City				FL	Zip Code	,
SIGNATURE .	Sgrehre, speed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2004	t and title if spipicable. (NOTE	: Registered Agent se	gnáturá required	when reinstating)		DATE to check payat a Department		<del></del>
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM SPRECHER, WILLIAM E 11 MAYVIEW RD. LAWRENCE, PA 15055	₩ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	MGR SPR 501 CAN	ECHER.	WILLIAM DLOGY DR G, PA 1	E.	Change 200	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				Change	Addition
ITLE IAME STREET ADORESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekte	TITLE NAME STREET ADDRES CITY-SI-ZIP	ss				Change	Addition
TITLE Name Street adoress City-St-Zip		C Delete	NAME STREET ADDRES CITY-ST-ZIP	55				Change	Addition
nitle Name Street address City-St-Zip	'.	☐ Delote	TITLE NAME STREET ADDRES CITY-SI-ZIP	22				Change	Addition
indicated	certify that the information supplied will on this report is true and accurate an bility company or the receiver or truste	d that my signature shall have t	he same legal e	effect as il m	nade under oat ter 608, Florida	h: that I am a mana	ging member or	manage	of the
MINN	SIGNATURE AND TYPED OR PRINTED NAME	CIDERGMING MANAGENG MEMBER, MAN	AGEA, OR AUTHOR	IZED REPRESE	INTATIVE	Data	Dayima	Phone #	