2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4282004 Chg-LLC CR2E083 (10/03 Cr) CR2E083	04-30-2004 90061 047 ****50.00		17		CUMENT # L03000043617 OMPUMEDIC LLC	
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. Zip		04262004 Chg-LLC CR2E083 (10/03)		Suite, Apt. #, etc.	etc.	Suite, Apt.
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Name	ditional	\$5.00 Addition	Country	Zip	Country	Zip
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Ct F		7. Name and Address of New Registered Agent	Name	Registered Agent		
City FL Zip Co 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 the obligations of registered agent. SIGNATURE Suprature, hyoned or pirtled name of registered agent and size if applicable. (NOTE: Registered Agent signature required when remataling) Part		P.O. Box Number is Not Acceptable)	Street Address (I		15352 SW 32ND TERR	
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 the obligations of registered agent. Signature. Signature, byest or printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Due by May 1, 2004 Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered Agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered Agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name of registered Agent and stell 4 applicable. (NOTE: Registered Agent signature required when reinstating) Date Make check payable to printed name registered age	le	Zip Code	City		35,100	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) Date Due by May 1, 2004	and accept	~ — 1	registered office or register	r the purpose of changing its	amed entity submits this statement for	8. The above
Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS ITILE MGR Delete MAME ITILE MGR CITY-ST-ZIP HIALEAH, FL 33010 TITLE MGR CITY-ST-ZIP HIALEAH, FL 33010 TITLE MAME STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE DELET MAME STREET MAME STREET ADDRESS CITY-ST-ZIP TITLE DELET MAME STREET MAME STREE						SIGNATURE .
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME MGR	CALMA MARKET AND AND AND ADDRESS OF THE PARTY OF THE PART	Make check payable to Fiorida Department of State	Hegistered Agent signature requir	AND THE METALLISM (NUTE	na Fee Is \$50.00	FI
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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 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 mana limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Julia J. Madush FEURE L. MADRIGAL 4/25/04 305-7	ger of the	nade under oath; that I am a managing member or manager o ster 608, Florida Statutes.	the same legal effect as it report as required by Cha	I that my signature shall have e empowered to execute this	on this report is true and accurate and illity company or the receiver or trusted	indicated limited lia