FILED Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90208 024 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

02-11-2004 90208 024 ****50.00

DOCUMENT # L03000043644 1. Entity Name (EROAN) MUSTARD SEED FAITH LLC								
(FROM) MUSTARD SEED FAITH, LLC								
Principal Place of Business		Mailing Address					24009927	,
401 RIBAULT AVENUE DAYTONA BEACH, FL 32118		401 RIBAULT AVENUE DAYTONA BEACH, FL 32118		i (20)(2)(6)	I 2010T 11111 OSHI BDIN USIF			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			_4. FEI Numb	0-04448	80 N	pplied For ot Applicable
Zip	Country	Zip	Coun	try		of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current I	Name	7. Name and	Address of New R	egistered Agent			
MANGANARO, TERESA 401 RIBAULT AVENUE DAYTONA BEACH, FL 32118			Street Address (P.O. Box Number is Not Acceptable)					
) 3+ %. ;			City			 	FL Zip Cod	le
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
TALLE. I About a bission return of influence offices and seems observable. (IACLE, INCREDE OF AFORE SHIPPING INCREDE IN SHIPPING IN SHIPPI								
	ling Fee Is \$50.00 ue by May 1, 2004				e check payable to Department of Stat	Je		
9.	MANAGING MEMBEI	RS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/	CHANGES	
TITLE	MGR MANGANARO, TERESA	Delete Delete	TITL	· I			☐ Change	Addition
NAME Street address	401 RIBAULT AVENUE		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY	-ST-ZIP				
TITLE NAME		☐ Delete	TITL NAM				☐ Change	☐ Addition
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TITLE		☐ Delete	TITL	1			☐ Change	☐ Addition
NAME Street Address			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
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STREET ADDRESS	<u> </u>			ET ADDRESS				** ***
CITY-ST-ZIP			CITY	-ST-ZIP				
IIITE ,		Delete	TITL	l l		•	☐ Change	☐ Addition
NAME	,		NAM STRE	ET ADDRESS				, -
CITY-ST-ZIP				-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								