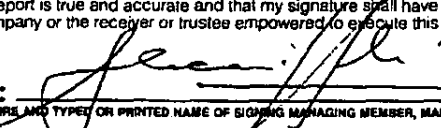


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/3

FILED
May 21, 2004 8:00 am
Secretary of State

05-03-2004 90116 025 ****50.00

DOCUMENT # L03000043829 1. Entity Name AT THE EDGE OF THE ROOF, LLC																													
Principal Place of Business Mailing Address 6967 MACBETH RD. JACKSONVILLE FL 32244 6967 MACBETH RD. JACKSONVILLE FL 32244				34007100 																									
2. Principal Place of Business		3. Mailing Address		MOORE CR2E083 (11/03) 200390140 4. FEI Number Applied For / Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent CACCIOPPOLI, SILVERIO 6967-MACBETH RD. JACKSONVILLE FL 32244				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CACCIOPPOLI, SILVERIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6967 MACBETH RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32244</td> <td></td> </tr> </table>			TITLE	MGR	☐ Delete	NAME	CACCIOPPOLI, SILVERIO		STREET ADDRESS	6967 MACBETH RD.		CITY-ST-ZIP	JACKSONVILLE FL 32244		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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:  SILVERIO CACCIOPPOLI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/26/04 (904) 573-6661 Date Daytime Phone #																													