**FILED**
**Mar 05, 2004 8:00 am**
**Secretary of State**
02-23-2004 90345 036 ****58.75

34001106

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046420

1. Entity Name
SLHC603 "B", LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 24216 SANTA INEZ ROAD<br>PUNTA GORDA, FL 33955 | 24216 SANTA INEZ ROAD<br>PUNTA GORDA, FL 33955 |

01292004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number — 32-010170 4 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HOCHSTADT, STANLEY<br>24216 SANTA INEZ ROAD<br>PUNTA GORDA, FL 33955 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 title if applicable (NOTE: Registered Agent signature required when filing)

**Filing Fee is $550.00**
**Due by May 1, 2004**

Make check payable to: Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>MANAGING MEMBER<br>STANLEY HOCHSTADT<br>24216 SANTA INEZ RD.<br>PUNTA GORDA, FL 33955 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>~~MEMBER~~ MANAGING MEMBER<br>ROGER CAMPAGNOLO<br>4037 OASIS BLVD.<br>CAPE CORAL FL 33914 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>~~MEMBER~~ MANAGING MEMBER<br>MR. JOEL SPECTOR<br>4011 COBIA CAY ESTATES DR.<br>PUNTA GORDA FL 33955 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>~~MEMBER~~ MANAGING MEMBER<br>DOUG LANG<br>4031 COBIA CAY ESTATES<br>PUNTA GORDA, FL 33955 |
| 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:** Stanley Hochstadt STANLEY HOCHSTADT MANAGING MEMBER 02-20-04 239/218-7653
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Title — Daytime Phone #