2004 LIMITED LIABILITY COMPANY

FILED Apr 05, 2004 8:00 am

ANNUAL REPORT							Secretary of State					
DOCUI 1. Entity Name MARIDA I					04-05-200-		010 ****5	50.00				
Principal Place of Business 1421 CREST DRIVE TITUSVILLE, FL 32780 US			Mailing Address 1421 CREST DRIVE TITUSVILLE, FL 32780 US									
2. Principal Place of Business			3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0331	12004	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FE	I Number	41-2116		□ No	plied For t Applicable	
Zip	Country 6. Name and Address of Current		Zip	Coun	try			Status Desired		\$5.00 Add		
- me 12	0. Name	and Address of Current H	registered Agent	e -	Name	/. Na	ime and A	ddress of New I		agent		
PARKER, I 1421 CRES TITUSVILL	ST DRIVE				Street Address (P.O. Box Number is Not Acceptable)							
	, ,	. • •			City							
The above named entity submits this statement for the purpose of changing its register.						nistered ager	nt or both	in the State of El	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
D:	iling Fee I ue by May	y 1, 2004 					35- 25- 25- 21- 21-	Florid		ayable to ent of State		
9.	T"	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8917 POT	CHARD W OMAC FORREST DRIV ALLS, VA 22066	□ Delete /E							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS _CITY-ST_ZIP	~~		☐ Delete		ı	-	- /-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		a information of a lind with	☐ Delete							☐ Change	Addition	

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 legat effect as if made under oath; that I am a managing member or manager of the limited liability company or the deceiver or trustee empowered to effect this report as required by Chapter 608, Florida Statutes.

RICHARD W. RAHN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE