2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L03000049927 1. Entity Name 04-26-2004 90053 019 ****50.00 6751 N. FEDERAL, LLC Mailing Address Principal Place of Business 150 EAST BOCA RATON ROAD BOCA RATON FL 33433 150 EAST BOCA RATON ROAD **BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE 4. FEI Number Applied For City & State City & State 56-2422620 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIDER, DONALD Street Address (P.O. Box Number is Not Acceptable) 150 EAST BOCA RATON ROAD **BOCA RATON FL 33433** 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. ${\color{red}{\bf Signature. typed or printed name of registered agent and title it applicable.}}$ (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 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Addition Change TITLE_ > ☐ Delete TITLE Manager NAME NAME Sider, Donald C. STREET ADDRESS STREET ADDRESS 150 E. Boca Raton Road Boca Raton, FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change. Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Donald C. Sider

4/21/2004

561-391-1100

FILED

Daytime Phone #