## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # L03000050616** 1. Entity Name HZ & S INVESTMENTS, LLC 05-03-2004 90140 040 \*\*\*\*50.00 Principal Place of Business Mailing Address . a. . 17. . 55 1221 E ROBINSON ST 1221 E ROBINSON ST ORLANDO, FL 32801 ORLANDO, FL 32801 2406396 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0462224 Not Applicable 7io Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FONG, DAVID 1221 É ROBINSON ST Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 ... 1 7.117.5 City 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9, MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGP TITLE ☐ Delete ☐ Change ■ Addition XIA QING SUN NAME NAME 1221 E ROBINSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL- 32801 CITY-ST-ZIP Change TITLE" Delete Addition TITLE ----NAME NAME . STREET ADDRESS STREET ADDRESS CITY+ST-ZIP. CITY-ST-ZIP TITLE ... Delete TITLE . ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP Delete Typic H 15201 1522 Chart Con 21 TITLE Change ■ Addition 20 N 35. 10 N 36: NAME \ NAME STREET ADDRESS STREET ADDRESS SECTION SE CITY ST-ZIP. ... CITY-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.

PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

4/30/04

Daytime Phone 4