FILED
May 14, 2004 8:00 am
Secretary of State
04-29-2004 90067 020 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34006191

DOCUMENT # L03000051325

1. Entity Name
SUN VALLEY GLOVES, LLC

Principal Place of Business	Mailing Address
535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118	535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118

02122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
42 S. Peninsula Drive	42 S. Peninsula Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32118 Country: USA	Zip: 32118 Country: USA

4. FEI Number 20-0437063 ☐ 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
STEWART, CHARLES W JR 535 SILVER BEACH AVE DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable): 42 S. Peninsula Drive City: Daytona Beach FL Zip Code: 32118

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: CHARLES W. STEWART JR. Charles W. Stewart Jr. DATE: 2/17/04
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member MARK McDonald 315 N. Atlantic Ave. Daytona Beach, FL 32118 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~George D. Anderson~~ ~~315 N. Atlantic Ave.~~ ~~Daytona Beach, FL 32118~~ ☐ ~~Change~~ ☒ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Bill Allen~~ ~~315 N. Atlantic Ave.~~ ~~Daytona Beach, FL 32118~~ ☐ ~~Change~~ ☒ ~~Addition~~
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
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: Mark McDonald 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #