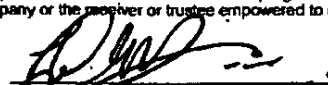


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-09-2004 90296 019 ****50.00

DOCUMENT # L03000053018					
1. Entity Name ADVANDEX, L.L.C.					
Principal Place of Business 1619 PERIWINKLE WAY SUITE #103 SANIBEL, FL 33957 US			Mailing Address 1619 PERIWINKLE WAY SUITE #103 SANIBEL, FL 33957 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country			
4. Name and Address of Current Registered Agent MURTY, TIMOTHY J ESQ 1633 PERIWINKLE WAY SUITE A SANIBEL, FL 33957				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 03-03-04	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIEROT, JEFFREY E 1619 PERIWINKLE WAY, SUITE #103 SANIBEL, FL 33957				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
10. ADDITIONS/CHANGES					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[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: 				DATE 03-03-04	
TELEPHONE:				TELEPHONE:	

34001885



02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0485424** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

03-03-04

DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

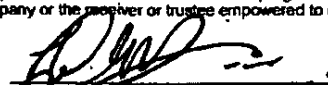
9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete
NAME	PIEROT, JEFFREY E	
STREET ADDRESS	1619 PERIWINKLE WAY, SUITE #103	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: 

DATE **03-03-04** TELEPHONE: **239-395-104**

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

Date

Daytime Phone #