


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90333 018 \*\*\*\*50.00

<b>DOCUMENT # L03000054071</b> 1. Entity Name <b>EAST POINT PROPERTIES, L.L.C.</b>																																																							
Principal Place of Business <b>2010 BEAVER CREEK DR HAVANA, FL 32333</b>			Mailing Address <b>2010 BEAVER CREEK DR HAVANA, FL 32333</b>																																																				
2. Principal Place of Business		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State																																																					
Zip	Country	Zip	Country	4. FEI Number <b>20-0872745</b>																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																			
6. Name and Address of Current Registered Agent  <b>DOSTER, RUSSELL S 2010 BEAVER CREEK DR HAVANA, FL 32333</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____																																																							
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																																																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>MANAGER</b></td> <td><b>Russell S. Doster</b></td> <td><b>2010 BEAVER CREEK DR.</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>HAVANA, FL</b></td> <td><b>32333</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>MANAGER</b>	<b>Russell S. Doster</b>	<b>2010 BEAVER CREEK DR.</b>				<b>HAVANA, FL</b>	<b>32333</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;">STREET ADDRESS</td> <td style="width: 10%; padding: 2px;">CITY-ST-ZIP</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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.																																																							
<b>SIGNATURE:</b> <i>Charles S. Doster</i>			<b>4-12-04</b>																																																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date																																																				
Daytime Phone #			<b>850-566-6203</b>																																																				