2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

limited liability company or

SIGNATURE:

Jul 06, 2004 8:00 am Secretary of State DOCUMENT # L03000054132 07-06-2004 90253 037 ****50.00 TRUSTEE MANAGEMENT SERVICES, LLC 14024807 Principal Place of Business Mailing Address 3959 VANDYKE ROAD 3959 VANDYKE ROAD: SUITE 386 SUITE 386 LUTZ, FL 33558 LUTZ, FL 33558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Chg-LLC CR2E083 (10/03) 4. FEI Number 20- 0774830 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASE, JAMES B Street Address (P.O. Box Number is Not Acceptable) 3959 VANDYKE ROAD **SUITE 386** LUTZ, FL 33558 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, 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 September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE $_{\sim}$ MGR ☐ Delete Addition TITLE ☐ Change CASE, JAMES B NAME NAME STREET ADDRESS 3959 VANDYKE ROAD **SUITE 386** STREET ADDRESS LUTZ, FL 33558 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRÉSS 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 ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 11. I hereby certify that the information supplied with this filling 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 of execute this report as required by Chapter 608, Florida Statutes.

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

FILED