2004 LIMITED LIABILITY COMPANY

Apr 06, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000054735** 04-06-2004 90130 037 ****55.00 1. Entity Name DUDA PALM COAST DNYS, LLC Mailing Address Principal Place of Business 1975 WEST STATE ROAD 426 P.O. BOX 620257 OVIEDO, FL 32762-0257 OVIEDO, FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-0700499 Not Applicable Zip 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 Name CHAPMAN, TRACY DUDA Street Address (P.O. Box Number is Not Acceptable) 1975 WEST STATE ROAD 426 **OVIEDO, FL 32765** Zip Code FL 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) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM 🔀 Addition TITLE □ Delete TITLE ☐ Change A. Duda & Sons. Inc. NAME NASAF STREET ADDRESS STREET ADDRESS 1975 W SR 426 CITY-ST-ZIP CITY-ST-ZIP Oviedo, FL 32765 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME

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 to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

(407) 365-2111

FILED

Daytime Phone #