2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

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AS J. CHARLES AVENUE LIPARAISO, FI. 32580 US AND APPLACATION FI.			*		1 · · · ·
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Name Stroot Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and active the obligations of registered agent, or both, in the State of Florids. I am familiar with, and active the obligations of registered agent, or both, in the State of Florids. I am familiar with, and active the obligations of registered agent, or both, in the State of Florids. I am familiar with, and active the obligations of registered agent, or both, in the State of Florids. I am familiar with, and active the obligations of registered agent, or both, in the State of Florids. I am familiar with, and active the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and active the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and active the purpose of changing its registered agent. In the suppose of the purpose of registered agent, or both, in the State of Florids. I am familiar with, and active the purpose of changing its registered agent. In the suppose of registered agent, or both, in the State of Florids. I am familiar with, and active the purpose of changing its registered agent, or both, in the State of Florids. In the suppose of Florids State of Flor	Zip Co	ountry Zip	Coun	try	5 Certificate of Status Desired \$5.00 Additional
INCES, MICHAEL A 3 E. JOHN SIMS PARKWAY CEVILLE, FL 32578 City FL Zip Code	6. Name and	Address of Current Registered Ag	gent ————		-7. Name and Address of New Registered Agent -
City FL Zip Code 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 ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent, or both, in the State of Florida. I am familiar with, and ac the familiar with, and ac the familiar with and accordance and that rmy signature shall have the same legal effects as if made under oath, that I am a managing member or menager of the fimited liability company or the receiver or sketch with report as required by Chapter 606, Florida Statutes. The state of Florida Statutes and that my signature shall have the same legal effects as if made under oath, that I am a managing member or menager of the fimited liability company or the receiver or sketch with report as required by Chapter 606, Florida Statutes.	3 E. JOHN SIMS PAR	KWAY			(P.O. Box Number is Not Acceptable)
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