


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90065 009 ****55.00

DOCUMENT # L04000001207			
1. Entity Name THE MYAR GROUP LLC			
Principal Place of Business 3527 LAUGHLIN ROAD ZELLWOOD, FL 32798		Mailing Address POST OFFICE BOX 753 ZELLWOOD, FL 32798	
2. Principal Place of Business 3527 Laughlin Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 753 Suite, Apt. #, etc.	
City & State Zellwood, Florida		City & State Zellwood, Florida	
Zip 32798		Zip 32798	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		07082004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BLANCO-THOMAS, MARIA 3527 LAUGHLIN ROAD ZELLWOOD, FL 32798		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Maria Blanco-Thomas</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <i>8/15/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO-THOMAS, MARIA POST OFFICE BOX 753 ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, KENNETH L POST OFFICE BOX 753 ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Maria Blanco-Thomas</i>		DATE: <i>8/15/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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