2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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(and							f Status Desired	LJ Fe	e Require		
	6. Name	and Address of Current R	egistered Agent	7. Name and Address of New Registered Agent							
						H. Watson, P.A.					
381 PITTS	BAYSHO	RE DRIVE	Ş		Street Address (Street Address (P.O. Box Number is Not Acceptable) 5365 E Co Hwy 30-A, Suite 105					
FREEPOR	RT, FL 324	139			3303 E 0	J Hwy Jo	A, Dulle				
					City				Tin Cont		
		· '			Seagrove	Beach		FL	Zip Code 324		
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Flo	rida. I am far	niliar with,	and accept	
the obligations of registered agent.											
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Apant signature required	when reinstating)	- 7'	DATE			
		1 4				*					
Filling Fee is \$50.00 Make check payable to Due by September 8, 2004 Fiorida Department of State											
555.	oy copioi	, 2004					Plorida	Departmer	ILOI SIAU		
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			
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