


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90060 003 \*\*\*\*50.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L98000000913</b><br>1. Entity Name<br><b>POMERLEAU LLC</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>4075 LB MCLEOD ROAD<br/>STE E<br/>ORLANDO, FL 37811</b>   |   |   | Mailing Address<br><b>215 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>   |   |  |
| 2. Principal Place of Business<br><b>433 Plaza Real</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Suite 275</b> |  |   |  |
| City & State<br><b>Boca Raton, FLORIDA</b>  |   | City & State<br>_____   |  |   |  |
| Zip<br><b>33432</b>   |   | Country<br>_____  |  | 4. FEI Number<br><b>65-0846353</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LANE, JOSEPH A<br/>215 NORTH EOLA DR.<br/>ORLANDO, FL 32801</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City<br><b>FL</b> Zip Code<br>_____ |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>POMERLEAU GROUP USA INC.<br>521 6TH STREET<br>ST GEORGES, BCE, CN g5y5c4 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 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. |   |   |  |   |  |
| <b>POMERLEAU GROUP U.S.A., INC.</b><br>SIGNATURE: _____   |   |   | <b>Pierre Pomerleau, president 4/16/2004 418-228-6688</b><br>Date Daytime Phone #  |   |  |

**24060248**

