2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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County Zip County Zip County Zip County S. Certificate of Status Desired S. S. O. Additional FREEMAN, LEWIS B S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name Address of Name Registered Agent 7. Name Registered Agent 8. Name Registered Age	AITHORE INC.									
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FREEMAN, LEWS B 2675 SOUTH BAYSHORE DRIVE RECEIVER FO E.S. BANKEST, LC COCONUT GROVE, FL 33133 City FL Zip Code 5. The above named entity, submits the statement for the purpose of changing its registered agent, or both in the State of Rorida. Lam familiar with, and accide the collegiations of registered agent, or both in the State of Rorida. Lam familiar with, and accident the obligations of registered agent. SIGNATURE FIIIng Fee is \$50.00 Due by 3-pertember 8, 2004 9. MANAGING MEMBERS //MANAGERS 10. MANAGING MEMBE	Zip	Country	Zip	<u> </u>			· · · · · · · · · · · · · · · · · · ·		.00 Additional	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by September 8, 2004 Filling Fee is \$50.00 Due by September 8, 2004 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 10. ADD	FREEMAN, LEWIS B 2675 SOUTH BAYSHORE DRIVE RECEIVER FO E.S. BANKEST, LC Street Address (P.O. Box Number is Not Acceptable)									
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Filling Foo is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State Make Check payable to Florida Payable to Florida State	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.									
Portion Department of State Section 110										
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