2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# L99000006735

Entity Name: THE ABERCROMBIE GROUP, LLC

Current Principal Place of Business:

C/O CASEY WOLFF, ESQ.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES, FL 34103

New Principal Place of Business:

C/O CASEY WOLFF, ESQ.
5147 CASTELLO DRIVE
NAPLES, FL 34103

Current Mailing Address:

C/O CASEY WOLFF, ESQ.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES, FL 34103

New Mailing Address:

C/O CASEY WOLFF, ESQ.
5147 CASTELLO DRIVE
NAPLES, FL 34103

FEI Number: 59-3604290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFF, CASEY ESQ.
PAULICH, SLACK & WOLFF, P.A.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WOLFF, CASEY ESQ.
PAULICH, SLACK & WOLFF, P.A.
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

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.

SIGNATURE: 03/24/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: WOLFF, CASEY ESQ.
Address: 4021 GULF SHORE BLVD. N. , NO. 1903
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WOLFF, CASEY ESQ.
Address: 5147 CASTELLO DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CASEY WOLFF MR. 03/24/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date