2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 27, 2004 08:00 AM DOCUMENT # M01000000553 Secretary of State 1. Entity Name GOTTLIEB, BARNETT & BRIDGES, LLC Mailing Address Principal Place of Business 3600 SPRINGHILL BUSINESS PARK 3600 SPRINGHILL BUSINESS PARK SUITE 200 MOBILE AL 36608 MOBILE AL 36608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 63-1250893 Not Applicable Country Zφ Country Zio \$5.00 Additional 5. Cerbficate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change ☐ Addition TITLE PD Delete TITLE NAME U00000068604 BRIDGES, PAUL MANSF STREET ADDRESS 92/27/04-80047-021 50.00 STREET ADDRESS 3600 SPRINGHILL BUSINESS PARK City-St-7iP CITY-ST-ZIP MOBILE AL 36608 ☐ Change ☐ Detete mu Addition ٧Đ TITLE NAME NAME GOTTLIEB, STAN STREET ADDRESS STREET ADDRESS 3600 SPRINGHILL BUSINESS PARK CITY-ST-ZIP CITY - ST- ZIP MOBILE AL 36608 Delete TITLE Change ☐ Addition TITLE ST NAME NAME HESS, WILLIAM STREET ADDRESS STREET ADDRESS 3600 SPRINGHILL BUSINESS PARK CITY-ST-ZIP CITY - ST - ZIP MOBILE AL 36608 ☐ Change ☐ Addition TITLE Delete TITLE BOOS, JEFF NAME NAME STREET ADDRESS 3600 SPRINGHILL BUSINESS PARK, STE 200 STREET ADDRESS MOBILE AL 36608 CRY-ST-ZIP CITY-ST-ZIP TITLE Change Change ☐ Addition ☐ Celete THE NAME NAME STREET ADDRESS STREET ADDRESS C874-ST-782 C3TY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 mysignature 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.

FILED