


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90499 021 ****50.00

DOCUMENT # M02000002341 1. Entity Name FPRO-104, LLC					
Principal Place of Business 2465 CAMPUS DRIVE IRVINE, CA 92612			Mailing Address 2465 CAMPUS DRIVE IRVINE, CA 92612		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2289878	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input checked="" type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURDEN, GREGORY J		NAME	TECOLOTE RESOURCES, INC.	
STREET ADDRESS	2465 CAMPUS DRIVE		STREET ADDRESS	2465 CAMPUS DRIVE	
CITY-ST-ZIP	IRVINE, CA 92612		CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAMBERS, GREGORY P		NAME	GREGORY J. BURDEN	
STREET ADDRESS	2465 CAMPUS DRIVE		STREET ADDRESS	2465 CAMPUS DRIVE	
CITY-ST-ZIP	IRVINE, CA 92612		CITY-ST-ZIP	IRVINE, CA 92612	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
SIGNATURE: <u>GREGORY J. BURDEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date _____ Daytime Phone # 949-797-2000		