2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # M03000001393 1. Entity Name 04-05-2004 90500 037 ****50.00 DECISION CAPITAL MANAGEMENT, LLC Principal Place of Business Mailing Address 8322 CLAIREMONT MESA BLVD. 8322 CLAIREMONT MESA BLVD. ムサリリスマエコ ST. #114 ST. #114 SAN DIEGO CA 92111 SAN DIEGO CA 92111 2. Principal Place of Business 3. Mailing Address 2230 El Camino 12230 El Cemino les Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For 4. FEI Number 33-0989223 <u>حی</u> ۵۸ Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 773 4TH AVE. NORTH SUITE E NAPLES FL 34102 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM Change TITLE Addition ☐ Delete BRADFORD, KIM NAME NAME 12230 El Ceninoleal, Sinder 200 STREET ADDRESS 8322 CLAIREMONT MESA BLVD. STREET ADDRESS 5 am Diego CA 92130 CITY-ST-ZIP SAN DIEGO CA 92111 City-St-ZiP Penange TITLE **MGRM** ☐ Delete TITLE Addition NAME DIFRANCESCO, PAUL NAME 12230 El amino Red, Ste 200 STREET ADDRESS STREET ADDRESS 8322 CLAIREMONT MESA BLVD. CITY-ST-ZIP SAN DIEGO CA 92111 CITY-ST-ZIP San Diego CA 92130 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7iP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED