# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Amended

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09-09-2004 90072 015 ****50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24084487

DOCUMENT # M03000001723

1. Entity Name
SLBH, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 525 MILDRED AVENUE<br>PRIMOS, PA 19801 | 525 MILDRED AVENUE<br>PRIMOS, PA 19801 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 630 FAIRVIEW ROAD | 630 FAIRVIEW ROAD |
| Suite, Apt. #, etc.<br>SUITE 205 | Suite, Apt. #, etc.<br>SUITE 205 |
| City & State<br>SWARTHMORE, PA | City & State<br>SWARTHMORE, PA |
| Zip 19081 Country | Zip 19081 Country |

07122004 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~APPLIED FOR~~ 11-3690590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPDIRECT AGENTS, INC.<br>103 NORTH MERIDIAN STREET<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by September 8, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STRINE, WALTER M SR<br>525 MILDRED AVENUE<br>PRIMOS, PA 19801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>630 FAIRVIEW ROAD, SUITE 205<br>SWARTHMORE, PA 19081 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STRINE, WALTER M JR<br>525 MILDRED AVENUE<br>PRIMOS, PA 19801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>630 FAIRVIEW ROAD, SUITE 205<br>SWARTHMORE, PA 19081 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STRINE, WILLIAM B SR<br>525 MILDRED AVENUE<br>PRIMOS, PA 19801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>630 FAIRVIEW ROAD, SUITE 205<br>SWARTHMORE, PA 19081 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STRINE, TODD M<br>525 MILDRED AVENUE<br>PRIMOS, PA 19801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>630 FAIR VIEW ROAD, SUITE 205<br>SWARTHMORE, PA 19081 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____ 7/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #