2004 LIMITED LIABILITY COMPANY

SIGNATURE:

Jan 12, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # M03000003735 01-12-2004 90131 003 ****55.00 THE LIMU COMPANY, LLC Principal Place of Business Mailing Address 24000798 610 CRESCENT EXECUTIVE CT., SUITE 110 610 CRESCENT EXECUTIVE CT., SUITE 110 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 27-0064515 Not Applicable Country Country Zip \$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 RASER, GARY J Street Address (P.O. Box Number is Not Acceptable) , 610 CRESCENT EXECUTIVE CT., SUITE 110 LAKE MARY, FL 32746 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 Filing Fee is \$50.00 \ Due by May 1, 2004 Make check payable to Florida Department of State Contraction of entire for the table to receive the Chicken State of the Contraction of th many register of States To relate server in Contraction. The Managers and MANAGING MEMBERS / MANAGERS at the State of the state 40. BONG. BY 18K IN SECTION 128 ONE AS 1.1. ADDITIONS/CHANGES A FOR A LIGHT OF TITLE Change ☐ Addition ☐ Delete JIILE 2) TO. NAME TO SE RASER, GARY J NAME: VINCETIES 117 RED SKY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32746 MGRM ** ----Delete TITLE ☐ Change Addition JONES, KEVIN D NAME NAME STREET ADDRESS 450 FLORA CREEK CT. STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dolete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2iP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. . The contract and contract NAME (2.2.2.3) STREET ADDRESS NAME 3 TO 122 AC AMS DEBITOR STREET ADDRESS RAMER, GARY J CITY ST-ZIP CITY-ST-ZIP MESON 11. Thereby certify that the information supplied with this filling loss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information with the information of the same legal effect as if made under oath; that I am a managing member or manager of the shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes. istee empowered to limited liability company or the receiver of Dro by Gry

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED