


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001611
 1. Entity Name
 STOKES-DILL, LLC



| | |
|---|---|
| Principal Place of Business 744 HIGHLAND AVE. ORLANDO, FL 32803 | Mailing Address 744 HIGHLAND AVE. ORLANDO, FL 32803 |
|---|---|



03162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3641241 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DILL, STEVEN M
 744 HIGHLAND AVE.
 ORLANDO, FL 32803

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and (file if applicable) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

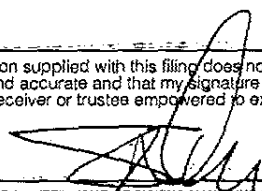
000000116341
 04/16/04-80060-021 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM OCOEE CLARK, INC. 744 HIGHLAND AVE ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | M LAKE SIMS LLC 9551 BAY MEADOWS RD., STE 4 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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:  4-13-04 407-648-8541
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #