

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000005959

1. Entity Name
 5715 GEORGIA AVE., L.L.C.



Principal Place of Business
 505 SOUTH FLAGLER
 SUITE 1010
 WEST PALM BEACH, FL 33401

Mailing Address
 505 SOUTH FLAGLER
 SUITE 1010
 WEST PALM BEACH, FL 33401



01092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1092333

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
 505 S FLAGLER DR. STE 1010
 WEST PALM BEACH, FL 33401

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME JOHNSON, RICHARD S JR.
 STREET ADDRESS 505 SOUTH FLAGLER
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
 NAME JOHNSON, SCOTT
 STREET ADDRESS 505 SOUTH FLAGLER DR. STE 1010
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
 NAME KOENIG, PATRICK C
 STREET ADDRESS 505 SOUTH FLAGLER DR STE 1010
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
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 CITY-ST-ZIP

000000057363
 02/19/04-80058-020 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #