


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015002
 1. Entity Name
 2621 SOUTH PONTE VEDRA BOULEVARD, L.L.C.



Principal Place of Business C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254	Mailing Address C/O FREDDY FARAH 1030 NORTH ELLIS JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0771765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUSS, JOHN S IV
 C/O FORD, JETER, ET AL
 10110 SAN JOSE BLVD.
 JACKSONVILLE, FL 32257

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

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

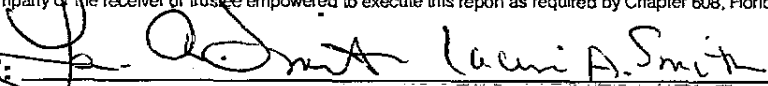
U00000055704
 02/18/04-80015-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARAH, FREDDY 1030 NORTH ELLIS JACKSONVILLE, FL 32254
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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)(f), 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:  **Date:** 2/18/04 **Daytime Phone #:** 904-386-2442

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