


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028073 1. Entity Name FLEMING ISLAND SPA CLUB, LLC	
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Principal Place of Business 1560 BUSINESS CENTER DR., STE. 6 ORANGE PARK, FL 32003	Mailing Address 334 E. DUVAL ST. JACKSONVILLE, FL 32202
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2. Principal Place of Business	3. Mailing Address	03152004 Chg-LLC CR2E083 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc. ___	
City & State	City & State	
Zip	Country	4. FEI Number 55-0806974
		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 EARL M. BARKER, JR. SLOTT & BARKER 334 E. DUVAL STREET JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete SPITZER, BROOKE L 1560 BUSINESS CTR. DSRIVE STE. 6 ORANGE PARK, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> U00000114719 04/15/04-80061-025 50.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brooke L. Spitzer Brooke L. Spitzer 4/18/04 (904) 278-7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #