2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039132

City-St-Zip:

LAFITTE, LA 70067

FILED Apr 20, 2004 Secretary of State

Entity Name: LAFITTE LAND, LLC **Current Principal Place of Business: New Principal Place of Business:** ATTN: CAROL TURRELL P.O. BOX 509 CLEARWATER, FL 33757 **New Mailing Address: Current Mailing Address:** ATTN: CAROL TURRELL P.O. BOX 509 CLEARWATER, FL 33757 FEI Number: 20-0305909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NASH, THOMAS CII 625 COURT ST., STE. 200 CLEARWATER, FL 33756 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition BROWN, JARED Name: Name: Address: P.O. BOX 509 Address: City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BROWN, ROBERT G Name: Address: P.O. BOX 509 Address: City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PERRIN, MORGAN Name: Name: 4603 JEAN LAFITTE BLVD. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: JARED D. BROWN **MGRM** 04/20/2004