


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
Feb 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # L99000000844 1. Entity Name 530 FIFTH AVENUE, LLC	
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Principal Place of Business 1188 MANDALAY PT CLEARWATER BEACH, FL 33767	Mailing Address 1188 MANDALAY PT CLEARWATER BEACH, FL 33767
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	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**

POWERS, JILL FISHER  
2912 CHANERY LN  
CLEARWATER, FL 33759

**DO NOT WRITE  
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPE, RICHARD W 1188 MANDALAY PT CLEARWATER BEACH, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPE, CHRISTOPHER R 300 S. PARK PLACE BLVD., #150 CLEARWATER, FL 33759
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02/09/04-80039-009 50.00

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: *Richard W. Cope* 1/7/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #