


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # M99000001555 1. Entity Name VIA SOUTH FLORIDA, LLC |  |
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| Principal Place of Business 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 | Mailing Address 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 |
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01072004 No Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 52-2205119 | 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

ROSE, ALAN B
 505 SOUTH FLAGLER DRIVE, SUITE 600
 C/O PAGE, MRACHEK, FITZGERALD & ROSE, PA
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

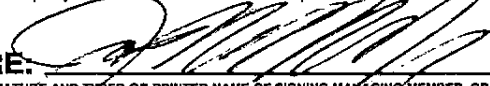
**Filing Fee is \$50.00
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAMES M. MORAN JR. 88 RIVERS EDGE ROAD NORTH EAST, MD 21901 |
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 01/15/04-80046-001 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  DATE 01/12/2004 DAYTIME PHONE # 4102873003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE