## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## **DOCUMENT # Z00373**

1. Entity Name FORTY EIGHT, L.C.

**FILED** Mar 05, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

631 SW 70 AVE.

PO BOX 24943

GAINESVILLE, FL 32607

FT LAUDEDALE, FL 33307



01222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0328222

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

954 566 0759 Daytime Phone #

6. Name and Address of Current Registered Agent

BANTA, CATHERINE M. 4050 NE 1ST AVE. #117

SIGNATURE:

OAKLAND PARK, FL 33334

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(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	M BANTA, BRADFORD C 4050 NE 1ST AVE #117 OAKLAND PARK, FL		)D000077496
TITLE NAME STREET ADDRESS CITY-ST-ZIP		03/05/	0000077496 704-80044-014 150.00
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, I turther 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 path; 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.			

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