


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90071 048 ****50.00

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| DOCUMENT # L01000008495 |  |
| 1. Entity Name 5900 AUSTRALIAN AVENUE, LLC | |

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| Principal Place of Business 1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409 | Mailing Address 1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409 |
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| 2. Principal Place of Business <i>5409 AUSTRALIAN AVENUE</i> Suite, Apt. #, etc. | 3. Mailing Address <i>5409 AUSTRALIAN AVENUE</i> Suite, Apt. #, etc. |
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| City & State <i>WEST PALM BEACH, FL</i> | City & State <i>WEST PALM BEACH, FL</i> |
| Zip <i>33407</i> | Country <i>U.S.A.</i> |



02052004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-1105945 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MONCHICK, MICHAEL J 1803 AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409 |
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| 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 _____

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| 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARKINS, GLENN B JR. 114 FOREST HILL BLVD WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GERLACH, C.W. 5409 AUSTRALIAN AVE WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPENCER, JERRY L 2626 ELECTRONICS WAY WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MONCHICK, MICHAEL J 1803 SOUTH AUSTRALIAN AVENUE, SUITE D WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

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| SIGNATURE: <i>Charles W. Gerlach</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | <i>3/19/04</i> Date | <i>(561) 842-2474</i> Daytime Phone # |
| <i>CHARLES W. GERLACH</i> | | |