


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90066 029 \*\*\*\*50.00

<b>DOCUMENT # L04000001570</b>	
1. Entity Name <b>PETERS 414 DIXIE LLC</b>	

Principal Place of Business <b>C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432</b>	Mailing Address <b>C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432</b>
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2. Principal Place of Business <b>6023 LELAC ROAD</b>	3. Mailing Address <b>6023 LELAC ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04182004 Chg-LLC CR2E083 (10/03)


City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33496</b>	Country <b>Palm Beach</b>
Zip <b>33496</b>	Country <b>Palm Beach</b>

4. FEI Number <b>20-0531165</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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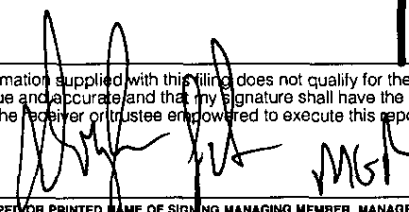
6. Name and Address of Current Registered Agent  <b>SCHNER, LARRY E ESQ C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432</b>	
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7. Name and Address of New Registered Agent Name <b>BRIAN C. TAMONEY, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. FEDERAL HWY # 225</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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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 <b>4-17-04</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERS, DOUGLAS C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6023 LELAC RD Boca Raton, FL 33496</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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.	
SIGNATURE:  MGR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date	Daytime Phone #