2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049778

1. Entity Name
604, LLC

Principal Place of Business	Mailing Address
604 U. S. HIGHWAY 41 INVERNESS, FL 34450 US	956 SOUTH HIGHWAY 41 INVERNESS, FL 34450 US

02142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0378412
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BRADLEY J
1031 W. MORSE BOULEVARD
SUITE 350
WINTER PARK, FL 32789

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	HOOKER, WILLIAM
STREET ADDRESS	956 SOUTH HWY 41
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	ZIEBARTH, STEVEN
STREET ADDRESS	604 SOUTH HWY 41
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	RUBIN, MICHAEL
STREET ADDRESS	604 SOUTH HWY 41
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William R Hooker WILLIAM R HOOKER 3-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #