
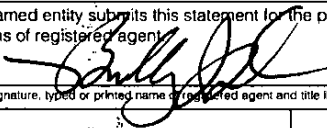



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90259 025 \*\*\*\*50.00

|  |                     |                                 |   |   |                                   |
|--|---------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # L03000049778</b>   |                     |                                 |   |  |                                   |
| 1. Entity Name<br>604, LLC   |                     |                                 |   |   |                                   |
| Principal Place of Business<br>604 U. S. HIGHWAY 41<br>INVERNESS, FL 34450 US  |                     |                                 | Mailing Address<br>956 SOUTH HIGHWAY 41<br>INVERNESS, FL 34450 US |   |                                   |
| 2. Principal Place of Business   |                     |                                 | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.  |                     |                                 | Suite, Apt. #, etc.   |   |                                   |
| City & State   |                     |                                 | City & State  |   |                                   |
| Zip  |                     | Country                         | Zip   |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                     |                                 |   | 7. Name and Address of New Registered Agent                                       |                                   |
| DAVIS, BRADLEY J<br>1031 W. MORSE BOULEVARD<br>SUITE 350<br>WINTER PARK, FL 32789  |                     |                                 |   | Name<br>DAVIS, BRADLEY J  |                                   |
|  |                     |                                 |   | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                     |                                 |   | 100 TECHNOLOGY PARK SUITE 170   |                                   |
|  |                     |                                 |   | City<br>LAKE MARY   | Zip Code<br>FL 32746              |
| 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<br>3-16-2006   |                                   |
| 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<br/>Due by May 1, 2006</b>  |                     |                                 | <b>Make check payable to<br/>Florida Department of State</b>      |   |                                   |
| 9. MANAGING MEMBERS/MANAGERS   |                     |                                 | 10. ADDITIONS/CHANGES   |   |                                   |
| TITLE  | D                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | HOOKER, WILLIAM     |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 956 SOUTH HWY 41    |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | INVERNESS, FL 34450 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  | D                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | ZIEBARTH, STEVEN    |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 604 SOUTH HWY 41    |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | INVERNESS, FL 34450 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  | D                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | RUBIN, MICHAEL      |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 604 SOUTH HWY 41    |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | INVERNESS, FL 34450 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                     |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                     |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                     |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                     |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                     |                                 | CITY-ST-ZIP   |   |                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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<br>3/15/06   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                     |                                 |   | Daytime Phone #<br>352 344 8741   |                                   |