

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 558126

1. Entity Name
LONDON TOWN ASSOCIATES, INC.



Principal Place of Business
2555 COLLINS
C-9
MIAMI, FL 33140

Mailing Address
2555 COLLINS
C-9
MIAMI, FL 33140

DO NOT WRITE IN THIS SPACE

**FILED
Mar 16, 2004 8:00 am
Secretary of State**

03-16-2004 90038 046 ***150.00

94030255



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1795245	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAUTIER, R C
2555 COLLINS AVE
C-9
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAUTIER, RANDAL CONRAD
STREET ADDRESS	100 LINCOLN RD, APT. 642
CITY-ST-ZIP	MIAMI BCH., FL 33139
TITLE	VD
NAME	POWELL, JAMES B JR.
STREET ADDRESS	2301 COLLINS AVENUE 2555 Collins Ave C-9
CITY-ST-ZIP	MIAMI BEACH, FL 33139 33140
TITLE	—
NAME	—
STREET ADDRESS	—
CITY-ST-ZIP	—
TITLE	—
NAME	—
STREET ADDRESS	—
CITY-ST-ZIP	—
TITLE	—
NAME	—
STREET ADDRESS	—
CITY-ST-ZIP	—

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2004 305673.0042
Date Daytime Phone #