
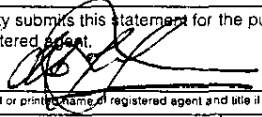
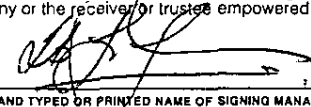


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90081 028 ****50.00

DOCUMENT # L00000005530			
1. Entity Name FLORIDA USA DIRECT, LLC			
Principal Place of Business 4504 ALAQUA TRAIL KISSIMMEE, FL 34746		Mailing Address 4504 ALAQUA TRAIL KISSIMMEE, FL 34746	
2. Principal Place of Business 3263 S. John Young Pkwy		3. Mailing Address 3263 S. John Young Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
4. FEI Number 59-3646817		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04282004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 W. C ANTON AVENUE, SUITE 410 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Terence A. Lacey-Freeman Street Address (P.O. Box Number is Not Acceptable) 3263 S. John Young Parkway City Kissimmee FL Zip Code 34746	
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	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACEY-FREEMAN, TERENCE A 4504 ALAQUA TRAIL KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lacey-Freeman, Terence A. 3263 S. John Young Parkway Kissimmee, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACEY-FREEMAN, KATHLEEN 4504 ALAQUA TRAIL KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lacey-Freeman, Kathleen 3263 S. John Young Parkway Kissimmee, FL 34746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACEY-FREEMAN, DEAN 2290 GUNN RD KISSIMMEE, FL 34746 <input checked="" 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	MGR LACEY-FREEMAN, TERENCE J 4504 ALAQUA TR. KISSIMMEE, FL 34746 <input checked="" 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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	
Terence A. Lacey-Freeman, Managing Member		407-846-7042	