


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-23-2004 90346 050 ****55.00

FILED L00000005613
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

DOCUMENT # L00000005613
 1. Entity Name *L.L.C.*
 4523 30TH STREET W. BRADENTON, FL, L.C.



Principal Place of Business: 4523 30TH ST. WEST, BRADENTON, FL 34207
 Mailing Address: 640 KINGSTON CT., APOLLO BEACH, FL 33572

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02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1009915	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
~~HARVEY, DAVID E - 2324 RESERVE COURT LAND OAKES, FL 34639~~
*640 Kingston Ct
 Apollo Beach FL
 33572*

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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: *David S. Haning* DATE: *2-11-04*
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, STUART H 830 RIVER DRIVE GARFIELD, NJ 07026
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary</i> SMITH, MARIANNE E 640 KINGSTON CT APOLLO BEACH, FL 33572
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: *Stuart H Smith* DATE: *2-11-04* DAYTIME PHONE #: *201-819-6607*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #