2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Name		# L0000000719 P.L.		Fo	eb 26, 200 Secretar	4 08: y of S	00 AM State	[
	e of Business GLER DR., SU 1 BEACH FL		Mailing Address 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401			escoro so segui esco segui segui segui	· · · · · · · · · · · · · · · · · · ·	5 SSSU 11818 IBI(\$ (\$)	88) 111 1887	
2. Principal Place of Business			3. Making Address							
Suite, Apr. #, etc.			Suite, Apt. #, etc.				MOORE	CR2E08	33 (11/03)	
City & State			City & State			4. FEI Nurr	65-103760	3	} 	plied For Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired Status Desired Fee Required				
	6. Name a	and Address of Current F	Registered Agent	·		7. Name a	nd Address of New I	Registered	Agent	
550	.o= ==	NA DE EGGERGE	Name							
515	N. FLAGL	NKLIN ESQUIRE LER DR., SUITE 170 BEACH FL 33401	Į.		Street Address (P.O. Box Number is Not Acceptable)					
VVE	31 FALIVII	SEACH FE 33401								
					City	FL Zrp Code				
	named entity ions of registe		the purpose of changing its	register	ed office or register	red agent, or b	ooth, in the State of F	lorida. I am	i familiar with,	and accept
SIGNATURE Signature, typod or printed nome all registerad egent and tire it applicable. (NOTE Registerad Agent signature required when revisibility). OATE										
FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State								•		
			• · · · · · · · · · · · · · · · · · · ·		onua <i>Deparme</i> ay 1, 2004	in or state				
9.		MANAGING MEMBER				ADDITIONS	/CHANGE	s .		
TITLE	MGRM		☐ Dolete FITS		ε				☐ Change	Addition
NAME	FIELDS, JO	SEPH R	NAN		IE .					
STREET ADDRESS		GLER DR., SUITE 1704		3	EET ADORESS -SI-Z8		UDDOOD	367541		
City-ST-ZIP	 	1 BEACH FL 33401			 -		<u> </u>	<u>\$0004-</u> 4	304 50 Change	Addition
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TITLE			☐ D∈lete	THE	1				Change	☐ Addibon
NAME				NAN CZD	1					
STREET ADDRESS CITY+ST+ZIP					EET ADDRESS 1-57-ZIP					
•	certify that the	Information supplied with	this filing does not qualify to			ection 119.07((3)(i), Florida Statutes	. I further or	erbly that the in	formation
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: En franklin Prince 2/24/04 56/0-1577