2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008827

1. Entity Name FOX ECKLOND, L.L.C.



Principal Place of Business

6070 MONACO BLVD DELRAY BEACH, FL 33446 Mailing Address

-6070 MONACO BLVD-

DELRAY BEACH FL 33446 194 NW SPANISH RIVER BLUD BOCA RATON FL 33431

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90026 028 ****55.00

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04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For	
65- <u>1</u> 02671 <u>1</u>	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ECKLOND, KIM 104 NW SPANISH RIVER BOULEVARD BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE ,
F	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		•
NAME	ECKLOND, KIM		
STREET ADDRESS	104 NW SPANISH RIVER BOULEVARD		,
CITY-ST-ZIP	BOCA RATON, FL 33431		
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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.

ED OR PRINTED NAMEOF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE