


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013885**

1. Entity Name  
 FLA DEVELOPMENTS, LLC



Principal Place of Business P.O. BOX 2881 ST. PETERSBURG, FL 33731-2881 US	Mailing Address P.O. BOX 2881 ST PETERSBURG, FL 33731-2881 US
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**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1054901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FARRELL, M. TIMOTHY  
 100-2ND AVE. S., #600  
 SAINT PETERSBURG, FL 33701

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLAN FLORIDA INVESTMENTS P.O. BOX 2881 ST. PETERSBURG, FL 337312881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIELS (SOUTH ORANGE), INC. P.O. BOX 2881 ST. PETERSBURG, FL 337312881
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 03/18/04-80041-012 50.00

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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:** *William J. Miller*      3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #