



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90058 012 \*\*\*\*50.00

<b>DOCUMENT # L01000000998</b> 1. Entity Name <b>MCCURRY INVESTMENTS, LLC</b>					
Principal Place of Business <b>3161-4 ST. JOHNS BLUFF RD. SOUTH JACKSONVILLE, FL 32246</b>			Mailing Address <b>3161-4 ST. JOHNS BLUFF RD. SOUTH JACKSONVILLE, FL 32246</b>		
2. Principal Place of Business <b>11645 Beach Blvd.</b>		3. Mailing Address <b>11645 Beach Blvd.</b>		  04092004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. <b>#200</b>		Suite, Apt. #, etc. <b>#200</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32246</b>		Zip <b>32246</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>59-3695307</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCCURRY, EDGAR W JR. 3161-4 ST. JOHNS BLUFF RD. SOUTH JACKSONVILLE, FL 32246</b>			7. Name and Address of New Registered Agent Name <b>Pamela S. Stefansen</b> Street Address (P.O. Box Number is Not Acceptable) <b>11645 Beach Blvd. #200</b> City <b>Jacksonville, FL</b> Zip Code <b>32246</b>		
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 <i>Pamela S. Stefansen</i> <b>Pamela S. Stefansen</b> 4/ /04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCURRY, EDGAR W JR 3161-4 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Pamela S. Stefansen 11645 Beach Blvd. #200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" 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	
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.					
<b>SIGNATURE: <i>Pamela S. Stefansen</i> Pamela S. Stefansen 4/27/04 (904)645-6555</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					