


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 Apr 28 2004 08:00 AM
 Secretary of State

DOCUMENT # L01000001447
 1. Entity Name
 FSR BROAD STREET PROPERTIES, L.L.C.



Principal Place of Business 12362 OAKWIND PLACE SEMINOLE, FL 33772	Mailing Address 12362 OAKWIND PLACE SEMINOLE, FL 33772
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04252004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3721793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSS, FRANK B
 12362 OAKWIND PLACE
 SEMINOLE, FL 33772

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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 *Frank B Moss* DATE *4/28/04*
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	P MOSS, FRANK 12362 OAKWIND PLACE SEMINOLE, FL 33722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSS, SHELDON 185 THACHING LANE ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAUSS, ROSANNE 5026 OLD BRANCH COURT ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/28/04-80057-021 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: *Frank B Moss* *Frank A Moss* *4/28/04* *727/371/0004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #