2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000001931

1. Entity Name
PABLO BEACH DEVELOPMENT GROUP, L.L.C.

Principal Place of Business	Mailing Address
2409 PINE ISLAND COURT	2409 PINE ISLAND COURT
JACKSONVILLE, FL 32224	JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

03042004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number — 46-1994790 — Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, FRED
2409 PINE ISLAND COURT
JACKSONVILLE, FL 32224

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

Filing Fee is $50.00
Due by May 1, 2004

U00000078317
03/08/04-80021-004 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARLSON, FREDERICK W
STREET ADDRESS	2409 PINE ISLAND COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224

TITLE	P
NAME	HALL, MIKE
STREET ADDRESS	12769 HIDDEN CIR SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32225

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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: Fred Carlson   3/4/04   904 7597888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #