

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90212 016 \*\*\*\*50.00

**DOCUMENT # L01000002265**

1. Entity Name

NORD FAMILY ASSOCIATES, L.L.C.



Principal Place of Business

308 SOMBRERO BEACH RD.  
 2  
 MARATHON FL 33050

Mailing Address

308 SOMBRERO BEACH RD.  
 2  
 MARATHON FL 33050

44010104



MOORE CR2E083 (11/03)

2. Principal Place of Business

2099 SOMBRERO BLVD.  
 Suite, Apt. #, etc.

3. Mailing Address

2099 SOMBRERO BLVD.  
 Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

City & State

MARATHON, FLORIDA

4. FEI Number

65-1076828

Applied For

Not Applicable

Zip

Country

Zip

Country

33050

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD  
 201 ALHAMBRA CIRCLE  
 SUITE 601  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*John W. Nord*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-06-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	NORD, JOHN W	308 SOMBRERO BEACH RD., #2	MARATHON FL 33050	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	NORD, JOHN W.	2099 SOMBRERO BLVD.	MARATHON, FL. 33050	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*John W. Nord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-06-04

Date

305-743-5641

Daytime Phone #