2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000002558

1. Entity Name FOLEY CONDOMINIUM CONSTRUCTORS, L.L.C.



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Principal Place of Business 735 FENTRESS BLVD. DAYTONA BEACH, FL 32114 Mailing Address 735 FENTRESS BLVD. DAYTONA BEACH, FL 32114 FILED
May 03, 2004 08:00 AN
Secretary of State



DO NOT W	RITE IN	THIS S	PACE
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01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For S9-3716320 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytima Phone #

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

SIMPSON, ARTHUR 735 FENTRESS BLVD. DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

 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				
9,	MANAĞING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSTRUCTORS MANAGEMENT INC 725 FENTRESS BLVD. DAYTONA BEACH, FL		000000152954 05/04/04-80100-025 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE RAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to a cutte this report as required by Chapter 608, Florida Statutes.				

YEER, OR AUTHORIZED REPRESENTATIVE