


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002820 1. Entity Name NEXGEN, LLC	
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Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746
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04142004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703451	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 CAHALL, PETER S 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW, FL 32746-5028

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000125708
04/23/04-80005-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAHALL, PETER S 300 INTERNATIONAL PKWY, #270 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPISI, JAMES H 300 INTERNATIONAL PKWY, #270 HEATHROW, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

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: _____

Peter S. Cahall

4/14/04

(407) 333-2905

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

Date

Daytime Phone #