

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003799

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: CASCADES II ASSOCIATES, LLC

**Current Principal Place of Business:**

3280 SOUTH ATLANTIC AVENUE  
SUITE A  
DAYTONA BEACH SHORES, FL 32118 US

**New Principal Place of Business:**

**Current Mailing Address:**

3280 SOUTH ATLANTIC AVENUE  
SUITE A  
DAYTONA BEACH SHORES, FL 32118 US

**New Mailing Address:**

FEI Number: 59-3704929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACK, JAMES R  
3280 SOUTH ATLANTIC AVENUE  
SUITE A  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: KOCH, ALLAN J  
Address: 3280 SOUTH ATLANTIC AVENUE SUITE A  
City-St-Zip: DAYTONA BEACH SHORES,, FL 32118 US

Title: MGR      ( ) Delete  
Name: MACK, JAMES R  
Address: 3280 SOUTH ATLANTIC AVENUE SUITE A  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALLAN J. KOCH

MGR

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date