


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90115 013 ****50.00

DOCUMENT # L01000007109 1. Entity Name SOCADA, LLC	
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Principal Place of Business 408 WALNUT STREET GREEN COVE SPRINGS, FL 32043 US	Mailing Address 408 WALNUT STREET GREEN COVE SPRINGS, FL 32043 US
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DO NOT WRITE IN THIS SPACE



04302004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3714880	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

HEWITT, TIMOTHY J
1724 COLONIAL DRIVE
GREEN COVE SPRINGS, FL 32043

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEWITT, TIMOTHY J 3079 ANDERSON RD GREEN COVE SPRINGS, FL 32043
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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:  **4-30-04 904-284-2036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #