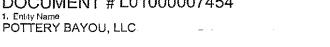
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000007454

FILED Jan 20, 2004 08:00 AM **Secretary of State**





Principal Place of Business

513 LAKE AVE.

LAKE WORTH, FL 33460

Mailing Address

513 LAKE AVE.

LAKE WORTH, FL 33460



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1102300

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

		Registered	

COCHRAN, PATRICIA H 513 LAKE AVE. LAKE WORTH, FL 33460

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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 acce	pt
	the obligations of registered agent	
	· · · · ·	

SIGNATURE

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

(NOTE Registered Agent aignature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
HILE HAME SHEEL ANDRESS CHY-SI-VIP	MGRM COCHRAN, PATRICIA 513 LAKE AVE LAKE WORTH, FL 33460
IHEE NAME SIREET ADDRESS CHY-ST-ZIP	MGRM CECIL, DENNY
MILE NAME SIBLET ADDRESS GRY+ST-ZIP	MGRM LEFFEN, DARLA 513 LAKE AVE LAKE WORTH, FL 33460
THEE NAME SINEEL AUDRESS CHY SI-XIP	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	
BILE NAME SHIFE) ADDRESS CITY-ST- AP	

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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7). 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 hability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

1-15-04