


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90072 012 ****50.00

DOCUMENT # L01000016694 1. Entity Name 440 S. EDGEWOOD AVENUE, L.L.C.	
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Principal Place of Business 1030 NORTH ELLIS C/O FREDDY FARAH JACKSONVILLE, FL 32254	Mailing Address 1030 NORTH ELLIS C/O FREDDY FARAH JACKSONVILLE, FL 32254
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02032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3624409	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 DUSS, JOHN S IV ESQ 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257

**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.

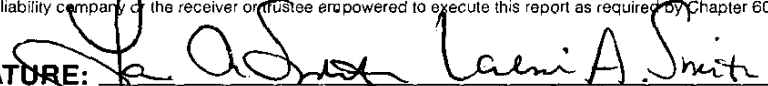
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARAH, FREDDY 1030 NORTH ELLIS JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SOLOMON, RAYMOND 1850 ART MUSEUM DR JACKSONVILLE, FL 32207
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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:  **2/6/04** **904 325-2448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #