


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000017502		
1. Entity Name MARKHAM ESTATES, LLC		
Principal Place of Business 32618 WEKIVA PINES BLVD. SORRENTO, FL 32776	Mailing Address 32618 WEKIVA PINES BLVD. SORRENTO, FL 32776	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODE, RUDOLPH 32618 WEKIVA PINES BLVD. SORRENTO, FL 32776		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODE, RUDOLPH 32618 WEKIVA PINES BLVD. SORRENTO, FL 32776	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, JAMES M 31405 STATE ROAD 46 SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>[Signature]</i></u> 01-15-04 321-227-2210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3755832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

U000000009097
01/20/04-80092-004 55.00