
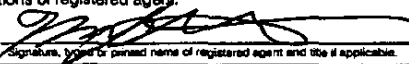



FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90031 019 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000018115			
1. Entity Name FRIEDLAND INDIAN TRAIL LLC			
Principal Place of Business 186 SPYGLASS LANE JUPITER, FL 33477		Mailing Address C/O HANE, HOFFMAN, DANNER 1101 BRICKELL AVE #N-101 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address Mahoney Cohen	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1101 Brickell Ave #1402	
City & State		City & State	
Zip	Country	Zip	Country
		04052004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 03-0385233	
		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 FRIEDLAND, JACK M 186 SPYGLASS LANE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 04/06/04 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDLAND, JACK 186 SPYGLASS LANE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE May 1, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			