2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

ANNUAL REPORT (AR)					FILED				
DOCUMENT # L01000020180 ~  1. Entity Name  FED MCNAB LLC					Feb 25, 2004 08:00 AM Secretary of State				
FED MC	NAB LLC				7	-			
	ce of Business	Mailing Address		_					
3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410		3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410			1 SEIII SEIIE NYII SE	IIII IIII <del>1</del> 2111 28	rem III løst		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc			MOORE CR2E083 (11/03)				
City & State		City & State		4. FEI Number 65-115487	8		plied For t Applicable		
Zip	Country	Zip	Cour	try	5. Certificate of Status Desired		55.00 Add ee Require		
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New I	Registered Ag	gent		
PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., STE. 450					Name Street Address (P.O. Box Number is Not Acceptable)				
	LM BEACH GÁRDENS FL 3	3410							
				City		FL	Zip Code		
8. The above the obliga	a named entity submits this statement i tions of registered agent.	or the purpose of changing its	register	ed office ar regist -	ered agent, or both, in the State of Fl	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	it and title it applicable (NOTE	Registero	d Agent signature requir	ed when reinstating)	DATE			
		FILE NO Make Check Payabl		FEE IS \$50.00 orida Departm					
		Due	By Ma	ay 1, 2004					
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS	/CHANGES			
TITLE	MGR	☐ Delete	TITL	1			Change	☐ Addition	
NAME STREET ADDRESS	3399 PGA BLVD STE 450		NAM	ET ADDRESS	V00000066220				
CITY-ST-ZIP				-ST-ZIP	02/26/04-80	ა <u>ლლი</u> <u>005-019</u>	50.00		
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11. I hereby	certify that the information supplied wit	h this filing does not qualify for			Section 119.07(3)(i), Florida Statutes.	I further certif	y that the in	formation	
indicated limited lia	certify that the information supplied wit I on this report is true and agrurate an ibility company or the receiptor or trust	d that my signature shall have t be empowered to execute this r	he same report as	e legal effect as if required by Cha	made under oath, that I am a mana pter 608, Florida Statutes.	ging member	or manage	r of the	