2004 LIMITED LIABILITY COMPANY

FILED

ANNUAL REPORT				Feb 23, 2004 08:00 AM		
DOCU 1. Entity Nam D.B.D.M.	MENT # L0100002	1458		Secretary of State		
4681 UNIVE	oe of Business RSITY BLVD. N. LE, FL 32277	Mailing Address 4681 UNIVERSITY BLVD. N JACKSONVILLE, FL 32277		 	BANK BANGA NEBAT NUBIK BUBAK ANTO NEBABI AK TURA	
г	NOT WOITE	IN THIS SD	ACE	01062004No Chg-LLC		
DO NOT WRITE IN THIS SPA			ACE	4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
	The state of the s	in the last way in 1995 and a single		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curren	Registered Agent			•	
HARRIS, DARRYL 4681 UNIVERSITY BLVD. N JACKSONVILLE, FL 32277				DO NOT V IN THIS S	- 	
8. The above	named entity submits this statement fi	or the purpose of changing its regis	stered office or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE.						
Fi	Signature, typed or printed name of registered ager illing Fee is \$50.00 ue by May 1, 2004	and the flapplicable. (NOTE, Reg	stered Agent signature required	when re-nstating)	DATE	
9	MANAGING MEMB	ERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, DARRYL 4681 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32277			U000 02/23/0	00063631 4-80125-007 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, LORETTA 4681 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32277	- 		The Basic Labor La	—·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPAC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filling 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 AND TYPED ON PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP