2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021786

1. Entity Name

AFFINITY LIQUIDATION ADMIN LLC



Principal Place of Business

14001 63RD WAY N CLEARWATER, FL 33760 Mailing Address

14001 63RD WAY N CLEARWATER, FL 33760

FILED Jan 16, 2004 8:00 am Secretary of State

01-16-2004 90016 044 ****50.00

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DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3597044

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINTY, A. EDWARD BANK OF AMERICA PLAZA 101 E. KENNEDY BLVD, STE. 2800 TAMPA, FL 33602

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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
1	the obligations of registered agent.		

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	POITRAS, ROBERT			
STREET ADDRESS	14001 63RD WAY N			
CITY-ST-ZIP	CLEARWATER, FL 33760			
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NAME				
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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:

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

(|a/04

727-533-8730

Daytime Phone #