


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022257 1. Entity Name LATRELLE M. MADDOX, L.L.C.	
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Principal Place of Business 8 JUNIPER CT AMELIA ISLAND, FL 32034	Mailing Address 8 JUNIPER CT AMELIA ISLAND, FL 32034
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DO NOT WRITE IN THIS SPACE

08252004 No Chg-LLC		CR2E083 (10/03)	
4. FEI Number 25-4629349	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C
SUITE 2301
ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171101
08/30/04-80004-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDOX, LATRELLE M 8 JUNIPER CT AMELIA ISLAND, FL 32034
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Latrelle M. Maddox **8-26-04** **904-267-7666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #