

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022294	
1. Entity Name CONDO PARTNERS, LLC	

Principal Place of Business 2855 S. ATLANTIC AVE DAYTONA BEACH FL 32118	Mailing Address PO BOX 7407 DAYTONA BEACH SHORES FL 32116-7407
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

COOK, DOUGLAS M 2855 S. ATLANTIC AVE DAYTONA BEACH FL 32118

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

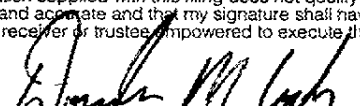
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	COOK, DOUGLAS M	
STREET ADDRESS	PO BOX 7407	
CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32116-7407	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U000000019670	
CITY - ST - ZIP	01/29/04-80034-020 50.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **1-25-04** **386-547-5702**