


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 033 ****55.00

DOCUMENT # L02000001913	
1. Entity Name SAN JUAN HOLDING, LLC	

Principal Place of Business 1158 SALT MARSH CIRCLE PONTE VEDRA FL 32082	Mailing Address 1158 SALT MARSH CIRCLE PONTE VEDRA FL 32082
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2. Principal Place of Business 2661 Boggys Creek Rd	3. Mailing Address 6559 Commodore Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee FL	City & State Ponte Vedra Bch FL
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Zip 34744	Country Ocala	Zip 32082	Country St Johns
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4. FEI Number 54-2065052	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDT, FRED 1158 SALT MARSH CIRCLE PONTE VEDRA FL 32082	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 6559 Commodore Dr City: Ponte Vedra FL Zip Code: 32082
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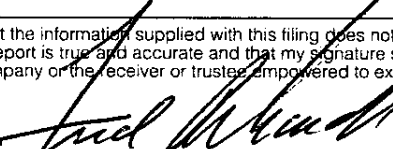
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDT, FRED		NAME 6559 Commodore Dr	
STREET ADDRESS 1158 SALT MARSH CIRCLE		STREET ADDRESS SAME	
CITY-ST-ZIP PONTE VEDRA FL 32082		CITY-ST-ZIP SAME	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: 	DATE 4/17/04	Daytime Phone # 904-273-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		