


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 23, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000002164</b> 1. Entity Name MARSH LANDING-CFS, LLC	
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Principal Place of Business 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217	Mailing Address 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217
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04202004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3594943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SKINNER, CHRISTOPHER F 2963 DUPONT AVE. SUITE 2 JACKSONVILLE, FL 32217
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**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 \_\_\_\_\_  
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**

U00000126248  
04/23/04-80026-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, CHRISTOPHER F 2963 DUPONT AVENUE, SUITE 2 JACKSONVILLE, FL 32217
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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 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** C.F. Skinner **CHRISTOPHER F. SKINNER** 4-21-04 904-737-4915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #