

FILED  
Mar 16, 2004 08:00 AM  
Secretary of State

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000003293</b><br>1. Entity Name<br><b>SOUTHERN KINGFISH ASSOCIATION, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |  |
| Principal Place of Business<br><b>15 GARNETT AVENUE<br/>ST. AUGUSTINE, FL 32084</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            | Mailing Address<br><b>15 GARNETT AVENUE<br/>ST. AUGUSTINE, FL 32084</b>           |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                            | 03122004No Chg-LLC CR2E083 (10/03)                                                |
| 4. FEI Number<br><b>03-0389112</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            | <b>\$5.00 Additional<br/>Fee Required</b>                                         |
| 6. Name and Address of Current Registered Agent<br><br><b>CRABTREE, R.R.<br/>8777 SAN JOSE BLVD., BUILDING A, SUITE 200<br/>JACKSONVILLE, FL 32217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and the 2 applicable) (Typed Registered Agent Signature may be used when returning) (Date)</small>                                                                                                                                                                                                                                                                                         |                                                                                            |                                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                   |
| 9. <b>MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>MGRM<br/>HOLMES, JACK S<br/>3524 KINGS ROAD SOUTH<br/>SAINT AUGUSTINE, FL 32086</b>     | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ST<br/>HOLMES, DEONA BEGLEY<br/>3524 KINGS ROAD SOUTH<br/>SAINT AUGUSTINE, FL 32086</b> |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 if a 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.<br><br><b>SIGNATURE: <i>Deona Holmes</i> 3-12-04 904-819-0360</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Deponent Printed Name</small> |                                                                                            |                                                                                   |

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