
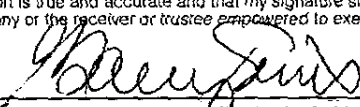


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # L02000005749		
1. Entity Name CIRCLE OAK PROPERTIES, LLC		
Principal Place of Business 5 CIRCLE OAK TRAIL ORMOND BEACH, FL 32174	Mailing Address 5 CIRCLE OAK TRAIL ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SIMS, G. LARRY 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, G. LARRY 5 CIRCLE OAK TRAIL ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 26-8641528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

000000003888
01/13/04-80032-023 50.00

**DO NOT WRITE
IN THIS SPACE**

1-6-04 386253-8195

Date Daytime Phone #