


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006632 1. Entity Name O'CONNOR ENTERPRISES OF SOUTH FLORIDA, LLC	
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Principal Place of Business 305 NW EMILIA WAY JENSEN BEACH, FL 34957	Mailing Address 305 NW EMILIA WAY JENSEN BEACH, FL 34957
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04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3031847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, MICHAEL D 305 NW EMILIA WAY JENSEN BEACH, FL 34957
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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 _____

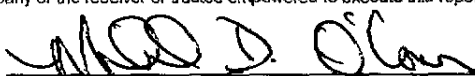
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR, MICHAEL D 305 NW EMILIA WAY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR, CINDY L 305 NW EMILIA WAY JENSEN BEACH, FL 34957
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05/04/04-80119-021 50.00

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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:  **4/29/04 (772) 521-6492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #