2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000007061

1. Entity Name

FLORIDA WEB DIRECTORY, L.C.



FILED Feb 11, 2004 08:00 AM Secretary of State

Principal Place of Business

POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447 Mailing Address

POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4244534 Applied For Not Applicable

5. Certificate of Status Desired

3 \$

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II ESQ. 99 NESBIT STREET FAR, FAR, EMERICH, SIFRIT, HAACKETT AND CA PUNTA GORDA, FL 33950

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 The above named entity submits this statement for the purpose of chathe obligations of registered agent. 	anging its registered office or registered agent, or bo	th, in the State of Florida. I am famili	ar with, and a	accept
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		U00000045995 02/11/04-80085-008	55.00	
9. MANAGING MEMBERS/MANAGERS		517 712		*****

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES, ZAYRA 1601 W. MARION AVENUE, SUITE 203 PUNTA GORDA, FL 33950		- 12 - 1
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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)(1). 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: SIGNATURE AND THE OF SIGNATURE AND THE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02-04-04

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