

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90139 044 ****50.00

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08272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000007893 1. Entity Name FLORIDA STRATEGIES GROUP, LLC																											
Principal Place of Business 34 SOUTEAST 7TH AVENUE, UNIT #4 DELRAY BEACH, FL 33483		Mailing Address 34 SOUTEAST 7TH AVENUE, UNIT #4 DELRAY BEACH, FL 33483																									
2. Principal Place of Business 332 SW 7th Terr Suite, Apt. #, etc.		3. Mailing Address 332 SW 7th Terr Suite, Apt. #, etc.																									
City & State Boca Raton		City & State Boca Raton																									
Zip 33486		Zip 33486																									
Country Palm Beach		Country Palm Beach																									
4. FEI Number 01-0659950		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 WILLIAM SLADE O'BRIEN 34 SOUTEAST 7TH AVENUE, UNIT #4 DELRAY BEACH, FL 33483																									
7. Name and Address of New Registered Agent Name Wm Slade O'Brien Street Address (P.O. Box Number is Not Acceptable) 332 SW 7th Terr City Boca Raton FL Zip Code 33486		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 DATE 8-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM SLADE O'BRIEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34 SOUTEAST 7TH AVENUE, UNIT #4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33483</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	WILLIAM SLADE O'BRIEN		STREET ADDRESS	34 SOUTEAST 7TH AVENUE, UNIT #4		CITY-ST-ZIP	DELRAY BEACH, FL 33483		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">President</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wm Slade O'Brien</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 SW 7th Terr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boca Raton FL 33486</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wm Slade O'Brien		STREET ADDRESS	332 SW 7th Terr		CITY-ST-ZIP	Boca Raton FL 33486	
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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:		8-27-04 561-441-5866																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																									