2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L02000009	9786			03-01-2004 9	0317 032 ****5	0.00	
Principal Place of Business 726 SW BALNORAL TRACE STUART, FL 34997 US		Mailing Address 726 SW BALNORAL TRACE STUART, FL 34997 US			24014969			
2. Principal P	Place of Business	3. Mailing Address						
Suite. Apt. #, etc. 726 SW Balmoral Trace City & State		Suite. Apt. #, etc. 726 SW Balmoral Trace City & State		0214200 4. FEI Nun		CR2E083 (10/03)	pplied For	
Zip	Country	Zip	Country	32-00	011567 atte of Status Desired	\$5.00 Add	ot Applicable* ditional	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Re	Fee Require	ю	
			Name C		·	garance Agent		
FOX, THOMAS B 726 SW BALMORAL TERR STUART, FL 34997		S		reet Address (P.O. Box Number is Not Acceptable)				
	. 2 0 1001	4	716 SH	Balmoral	Trace			
				uart	·	EL Zip Cod	² 997	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or	registered agent, or	both, in the State of Flori			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		re required when revistating)		DATE		
F	Signature, typed or printed name of registered agent string Fee is \$50.00 ue by May 1, 2004	and trile if applicable. (NOTE				Check payable to Department of State	e	
9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE	ERS/MANAGERS				Department of Stat	e :	
D	iling Fee is \$50.00 ue by May 1, 2004		: Registered Ageix signstu		Florida	Department of Stat	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRP FOX, THOMAS 726 SW BALMORAL	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS		Florida	Department of Stat		
9. TITLE NAME SIPEET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRP FOX, THOMAS 726'SW BALMORAL STUART, FL 34997	RS/MANAGERS THY Telete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ze required when revistating)	Floride ADDITIONS/C	Department of Stat	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRP FOX, THOMAS 726 SW BALMORAL STUART, FL 34997 STG FOX, PATRICIA 726 SW BALMORAL (TERP TR)	ERS/MANAGERS Defecte Defecte	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Mgr / member Fox, Patrice	ADDITIONS/C	Department of Stat	<u> </u>	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SHY-ST-ZIP -	MANAGING MEMBE MGRP FOX, THOMAS 726 SW BALMORAL STUART, FL 34997 STG FOX, PATRICIA	ERS/MANAGERS Delocate Delocate	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr /member	ADDITIONS/C	Department of Stat	Addition Addition	
9. TITLE NAME SIPEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS O-TY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRP FOX, THOMAS 726 SW BALMORAL STUART, FL 34997 STG FOX, PATRICIA 726 SW BALMORAL (TERP TR)	ERS/MANAGERS Defecte Defecte	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Mgr / member Fox, Patrice	ADDITIONS/C	Department of Stat	Addition	
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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: Patricia Fox Mar/Member 2/23/04. 170-383-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysone Phone #