


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90051 015 ****50.00

DOCUMENT # L02000010818		
1. Entity Name MICCO PARK, LLC		

Principal Place of Business 8600 US HIGHWAY 1 MICCO, FL 32976	Mailing Address 8600 US HIGHWAY 1 MICCO, FL 32976
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24034330

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0556415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PANKOSKY, ELSIE 8600 U.S. HWY. 1 MICCO, FL 32976	

7. Name and Address of New Registered Agent	
Name: <u>ANDY BAKER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>8600 US HIGHWAY 1</u>	
City: <u>MICCO</u>	FL Zip Code: <u>32976</u>

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: <u>Andrew H. Baker</u> <small>Signature: typed or printed name of registered agent and title if applicable</small>	<u>ANDREW H. BAKER</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE: <u>APRIL 19, 2004</u>	

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, JACK 145 BELMONT TRACE ATLANTA, GA 30328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, DAVID 1147 BILTMORE DR ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, LALA 145 BELMONT TRACE ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, KERRY 1147 BILTMORE DR ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARLIN, ANN GREENE 300 NORTHLAND RIDGE CT ATLANTA, GA 30342 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARLIN, MICHAEL 300 NORTHLAND RIDGE CT ATLANTA, GA 30342 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>DAVID GREENE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>04-15-04</u> (404) 636-0343 <small>Daytime Phone #</small>