## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000011501

1. Entity Name

6405--6407 SOUTH DIXIE HIGHWAY, L.L.C.



FILED
Mar 08, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2560 RCA BOULEVARD STE. 108 PALM BEACH GARDENS, FL 33410 2560 RCA BOULEVARD STE. 108 PALM BEACH GARDENS, FL 33410



02262004 No Chg-LLC

CR2E063 (10/03)

4. FEI Number 42-1536807 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, JIM L 2560 RCA BOULEVARD STE. 108 PALM BEACH GARDENS, FL 33410

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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)	
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	, 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWD, JOHN W III 1721 CARANDIS ROAD WEST PALM BEACH, FL 33406		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWD, CARLA Q 1721 CARANDIS ROAD WEST PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE