


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 048 ****55.00

DOCUMENT # L02000011556 1. Entity Name MASTER PLANS OF FLORIDA, LLC					
Principal Place of Business 1050 SOUTH FEDERAL HWY., STE. 130 STE 130 DELRAY BEACH, FL 33483			Mailing Address 1050 SOUTH FEDERAL HWY., STE. 130 STE 130 DELRAY BEACH, FL 33483		
2. Principal Place of Business 2617 SW TANFORAN BLVD Suite, Apt. #, etc.		3. Mailing Address 2617 SW TANFORAN BLVD Suite, Apt. #, etc.			
City & State PORT ST. LUCIE, FLORIDA		City & State PORT ST. LUCIE		4. FEI Number 36-4498501	
Zip 34987		Country UNITED STATES		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, NORMAN 1050 SOUTH FEDERAL HWY., STE. 130 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name TURNER, NORMAN Street Address (P.O. Box Number is Not Acceptable) 2617 SW TANFORAN BLVD City PORT ST. LUCIE FL Zip Code 34987	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, NORMAN 1050 SOUTH FEDERAL HWY STE 130 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, NORMAN 2617 SW TANFORAN BLVD. PORT ST. LUCIE FLA. 34987	<input checked="" 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			
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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>Norman Turner</u> NORMAN TURNER 4/19/2004 772-873-6651 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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