2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND LYDED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000011785

1. Entity Name 6245 CLARK CENTER AVENUE, LLC

FILED Feb 25, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4131 BOCA POINTE DRIVE SARASOTA, FL 34238 4131 BOCA POINTE DRIVE SARASOTA, FL 34238



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3686151 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDLOCK, JESSE 4131 BOCA POINTE DRIVE SARASOTA, FL 34238

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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, typed or printed name of registered agent and life if applicable.		(NOTE, Registered Agent signature required when reinstalling)	DATE
Filing Fee is \$50.00 Due by May 1, 2004		100000066172 02/26/04-80003-022 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITUE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDLOCK INVESTMENTS, LLC 4131 BOCA POINTE DRIVE SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	'RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SF	ACE.
TITLE NAME STREET ADDRESS CITY-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 logal effect as if made under oath; that I am a managing member or managor of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Tesse media of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I truther certify that I am a managing member or managor of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			