


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000012743**

1. Entity Name  
COSTIN-MAGIDSON LLC



Principal Place of Business  
528 6TH ST.  
PORT ST. JOE, FL 32456 US

Mailing Address  
P.O. BOX 340  
PORT ST. JOE, FL 32457 US

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 04-3666448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MAGIDSON, MELVIN C JR  
528 6TH ST.  
PORT ST. JOE, FL 32456

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAGIDSON, MELVIN C JR 528 6TH ST. PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTIN, ROBERT P 322 REID AVE. PORT ST. JOE, FL 32456
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**DO NOT WRITE IN THIS SPACE**

04/30/04 08:00 AM 04-3666448

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: 