

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


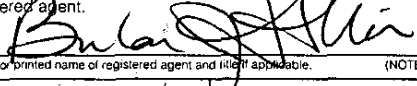

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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90125 035 ****50.00

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04022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000014695			
1. Entity Name BANANA RIVER HOLDING, L.L.C.			
Principal Place of Business 476 HIGHWAY A1A, SUITE 7 SATELLITE BEACH, FL 32937		Mailing Address 476 HIGHWAY A1A, SUITE 7 SATELLITE BEACH, FL 32937	
2. Principal Place of Business 600 Jackson Court Suite, Apt. #, etc.		3. Mailing Address 600 Jackson Court Suite, Apt. #, etc.	
City & State Satellite Beach Zip 32937		City & State Satellite Beach Zip 32937	
Country		Country	
4. FEI Number 06-1643414		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LINTON, BARBARA J 476 HIGHWAY A1A, SUITE 7 SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Name Linton Barbara J Street Address (P.O. Box Number is Not Acceptable) 600 Jackson Court City Satellite Beach FL Zip Code 32937	
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  DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</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 LINTON, BARBAR 698 LOGGERHEAD DRIVE SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		4-16-04 (321) 773-5881	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	