


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 19, 2004 08:00 AM

Secretary of State

DOCUMENT # L02000015279 1. Entity Name DORE, LANIER & NOEY, CHARTERED	
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Principal Place of Business 76 S LAURA STREET SUITE 1701 JACKSONVILLE, FL 32202	Mailing Address 76 S LAURA STREET SUITE 1701 JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCMENAMY, WILLIAM B 50 N LAURA STREET STE. 2925 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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.

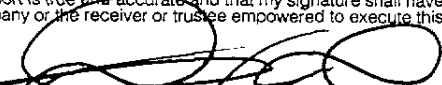
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DORE, DENNIS P 4700 ORTEGA BLVD JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE