


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 028 ****50.00

DOCUMENT # L02000019794	
1. Entity Name ALAFAYA VILLAGE, L.L.C.	

24001572



Principal Place of Business 8604 MINDICH COURT ORLANDO, FL 32819	Mailing Address 8604 MINDICH COURT ORLANDO, FL 32819
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2. Principal Place of Business 605 E ROBINSON ST.	3. Mailing Address 605 E ROBINSON ST.
Suite, Apt. #, etc. STE 420	Suite, Apt. #, etc. STE 420
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32801	Zip 32801
Country USA	Country USA

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2068363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. ICARD, MERRILL, CULLIS, ET AL 2033 MAIN ST., STE. 600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name H. BLAINE STRICKLAND Street Address (P.O. Box Number is Not Acceptable) 605 E ROBINSON ST STE 420 City ORLANDO FL Zip Code 32801
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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 H. Blaine Strickland	DATE 1/9/04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRICKLAND, H. BLAINE 8604 MINDICH COURT ORLANDO, FL 32819 <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	MGRM STRICKLAND, THOMAS L 4119 BAYSHORE BOULEVARD NE SAINT PETERSBURG, FL 33703 <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
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
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
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: H. Blaine Strickland	DATE 1/9/04	DAYTIME PHONE 407-843-7070
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