
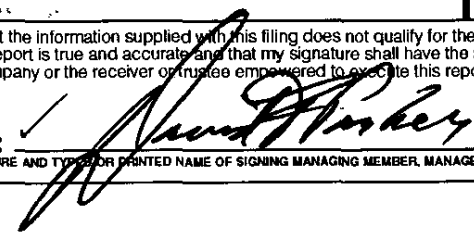


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90493 028 ****50.00

DOCUMENT # L02000020935 1. Entity Name NEW HOME DISCOVERY CENTER, LLC.					
Principal Place of Business 2825 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084 US			Mailing Address 2825 LEWIS SPEEDWAY 104 ST. AUGUSTINE, FL 32084 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2068847	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, CHARLES K 2825 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, DAVID		NAME		
STREET ADDRESS	14500 BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, STEPHEN		NAME		
STREET ADDRESS	14500 BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, CHRIS		NAME		
STREET ADDRESS	14500 BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, C. KELLY		NAME		
STREET ADDRESS	2825 LEWIS SPEEDWAY STE 104		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFFERON, MICHAEL		NAME		
STREET ADDRESS	2825 LEWIS SPEEDWAY STE 104		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	[REDACTED]		NAME		
STREET ADDRESS	[REDACTED]		STREET ADDRESS		
CITY-ST-ZIP	[REDACTED]		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 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: 			Date: 3/20/04		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 904 992-9888		