


2004 **LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90433 047 *****55.00

DOCUMENT # L02000021213	
1. Entity Name James V. McTevia & Associates, LLC	

DO NOT WRITE IN THIS SPACE

24021104

2. Principal Place of Business 11300 US Hwy One Suite, Apt. #, etc. Suite 400 City & State North Palm Beach, FL Zip 33408 Country USA	3. Mailing Address 11300 US Hwy One Suite, Apt. #, etc. Suite 400 City & State North Palm Beach, FL Zip 33408 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2176474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name James V. McTevia	
Street Address (P.O. Box Number is Not Acceptable) 11300 US Hwy One, Suite 400	
City North Palm Beach	FL Zip Code 33408

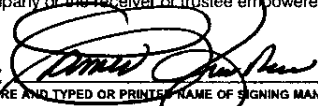
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James V. McTevia 11300 US Hwy One, Suite 400 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 606, Florida Statutes.

SIGNATURE:  James V. McTevia Date: 3-11-04 Daytime Phone #: 586-764-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)