2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022706

1. Entity Name
354 A1A LLC

Principal Place of Business	Mailing Address
354 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176	1774 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176

01192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0640997
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUDIANSKY, MARK H
1774 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

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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: Mark Budiansky MARK H. Budiansky 2/8/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BUDIANSKY, MARK
STREET ADDRESS	1774 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	FREDERICK, RONALD
STREET ADDRESS	25 GOLDEN OAKS CIR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	GARDENER, CLAUDE
STREET ADDRESS	120 S PALMETTO AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	MGRM
NAME	GUINDI, SHERIFF
STREET ADDRESS	730 S ATLANTIC AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGRM
NAME	UPTON, HUGH
STREET ADDRESS	460 S ATLANTIC
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000048727
02/12/04-80092-005 50.00

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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 608, Florida Statutes:

SIGNATURE: Mark Budiansky MARK H. Budiansky (386) 253-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #