2004 LIMITED LIABILITY COMPANY

ANNUAL REPURI (AR)			<b>−</b> Mar 04, 2004 8:00 am
DOCUMENT # L02000022797  1. Entity Name			Secretary of State
FLORIDA STAGE LINES, LLC			03-04-2004 90070 015 ***150.00
Principal Place of Business Mailing	Address		7
	<del>V-38TH-S</del> T NDO FL 3 <del>2839-863</del> 3	1	1401000 V
Principal Place of Business     3. Mailing Address			
238 W. ILLIAWA ST. 238 W. ILLIAWA ST. Suite, Apt. #, etc. Suite, Apt. #, etc.		ALCORE	
			MOORE CR2E083 (11/03)
City & State ORLANDO, FL. City & State ORLANDO, F		No. 1 and 1	4. FEI Number 65-1167283 Applied For Not Applicable
Zip 32 306 Country US Zip	-443z Country US Zip 32806-443z Country US		5. Certificate of Status Desired
6. Name and Address of Current Registered Agent		Name 7	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.		10	WLING H. EDWARD JR.
1840-SOUTHWEST-22-STREET, 4TH FLOOR  - MIAMI FL: 33145			
City OR L			LANDO FL Zip Code 32 806
8. The above named entity submits this states pent 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.			
1 Peter Composite 100 100 100 100 100 100 100 100 100 10			
SIGNATURE Signature, typed or printed name of registered agent and tyle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State:  Due By May 1, 2004			
9. MANAGING MEMBERS/MANA	GERS	10.	ADDITIONS/CHANGES
TITLE MGR NAME DOWLING, H. EDWARD JR	☐ Delete	-	NEA ☐ Addition ☐ Change ☐ Addition
NAME DOWLING, H. EDWARD JR STREET ADDRESS 3016 W 38TH ST		STREET ADDRESS 2	38 W. ILLIAWA ST.
CITY-ST-ZIP ORLANDO FL <del>32839-8633-</del>	<b></b>		RLANDO, FL. 3Z 806-443Z ☐ Change ☐ Addition
TITLE NAME	☐ Delete	TITLE NAME	Change C Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY-ST-ZIP	
пти .	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP	2 3 3 3 3 5 4 3 5 5	CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP  TITLE	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	belete	NAME	,
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delele	TITLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
City-St-ZiP		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: M. Edwar J. H. E. DOWLING, JR 03/01/04 (407) 425-9519			
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Daytime Phone #			

**FILED**