


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000024566 1. Entity Name FAIR COMMENTS, LLC |  |
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|---|---|
| Principal Place of Business 444 SEABREEZE BLVD., STE. 650 DAYTONA BEACH, FL 32118 | Mailing Address 444 SEABREEZE BLVD., STE. 650 DAYTONA BEACH, FL 32118 |
|---|---|

DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 86-1063152 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CROCK, JAMES D
444 SEABREEZE BLVD., STE. 650
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM CROCK, JAMES D 444 SEABREEZE BLVD., STE. 650 DAYTONA BEACH, FL 32118 |
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03/11/04-80053-024 50.00

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:  **3/11/04 386255-9302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #