## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # L02000025733 1. Entity Name 7693 SPRINGWATER PLACE 101, LLC Principal Place of Business Mailing Address 1201 HAYES STREET 1201 HAYES STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E083 (10/03) 02102004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0574477 Not Applicable \$5.00)Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 02/26/04-80046-001 55.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE LANDERMAN, KENNETH NAME 1214 CHANNEL DRIVE, CHANNEL CLUB TOWER STREET ADDRESS CITY-ST-ZIP MONMOUTH BEACH, NJ 07750 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

FILED