2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE:

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

ANNUAL AEPUNI (AN)					<u>" </u>				
DOCUMENT # L02000026000 1. Entity Name						Feb 28, 2004 08:00 AM Secretary of State			
B-4 RANG	CH, LLC					Secilitary (n Stat		
Principal Plac	e of Business	Mailing Address	-		1				
1149 WEDGEWOOD ROAD		1149 WEDGEWOOD	1149 WEDGEWOOD ROAD						
	ILLE FL 32259	JACKSONVILLE FL 3	2259				1)		
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #. etc		Suite, Apt #, etc.	Suite, Apt #, etc.			MOORE CR2E083 (11/03)			
City & State		City & State		4. FEI Nun	45-0487012	ļ	oplied For of Applicable		
Zip	Country	Zip .	Coun	itry	5. Certifica	ate of Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name a	nd Address of New Registered	Agent		
				Name					
114	ROS, STEPHEN M 9 WEDGEWOOD ROAD CKSONVILLE FL 32259			Street Address	(P.O. Box Nur	nber is Not Acceptable)			
				City		F	Zip Code	e	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s register	ed office or registe	red agent, or	both, in the State of Florida. I an	n familiar with,	and accept	
SIGNATURE Signature, typod or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE							<u> </u>		
		EII E M	OWILL	EEE IS SEO OO					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of									
		•		ay 1, 2004	in or otate				
9.	MANAGING MEMBE		10.	<u> </u>	5 45 5 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/CHANGE	e e	· ·	
TITLE	MGRM	Delete	TITL	<u> </u>	-	ADDI IIONG/CHANGE	□ Change	Addition	
NAME	BETROS, STEPHEN M	- Detete	NAM	;			LJ Ondinge	- Hamitait	
STREET ADDRESS	1149 WEDGEWOOD ROAD		STRE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY	~ST-ZIP		<u> 100000071427</u>			
TITLE NAME	MGRM BETROS, TIMOTHY W	☐ Delete	TITLE			03/01/04-80071-00)4 IJ O1:00	☐ Addition	
STREET ADDRESS	7916 LAVIN RD			ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32221			-ST-ZIP					
TITLE	MGRM	Delete	TITU				☐ Change	☐ Addition	
NAME	BETROS, JEFFREY S	LI DOIGE	NAM				onlings	C_1 i Mullium	
STREET ADDRESS	1125 HIDEWAY DRIVE N		STRE	ET AUDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32259		CITY	-ST-ZIP			<u> </u>	<u> </u>	
TITLE	MGRM	☐ Delete	מזוו		"		☐ Change	☐ Addition	
NAME	BETROS, WALTER T JR		NAM						
STREET ADDRESS City-St-ZIP	7789 MUD LAKE RD MACCLENNY FL 32063			ET ADDRESS -ST-ZIP					
TITLE	IMAGGEETHTT E SEGS	☐ Delete	TITLE			<u> </u>	☐ Change	Addition	
NAME		T Delete	NAM				LL Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS					
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TITLE		☐ Delete	TOU				Change	Addition	
NAME			NAM	· I					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				- ST- ZIP				<u></u>	
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.									

2.24.04 904.693.0788

Date Daytime Phone #