2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000027898

1. Entity Name

SAWGRASS PARTNERS, LLC



Principal Place of Business

4225 POINT LA VISTA ROAD WEST JACKSONVILLE, FL 32207

Mailing Address

4225 POINT LA VISTA ROAD WEST JACKSONVILLE, FL 32207

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90076 015 ****50.00



04272004 No Chg-LLC

CR2E083 (10/03)

Not Applicable
Applied For

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

PUTNAL, BRYAN L 4225 POINT LA VISTA ROAD WEST JACKSONVILLE, FL 32207

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904

Date

Daytime Phone #

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANT © O SERVICE CORPORATION 4225 POINT LA VISTA ROAD WEST JACKSONVILLE, FL 32207		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 :
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STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with this filling does not on this report is true and accurate and that my signature shilling company or the receiver or trustee amonwhere the exercises.	qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify tall have the same legal effect as if made under oath; that I am a managing member coute this report as required by Chapter 608, Florida Statutes.	that the information

EMBER, OR AUTHORIZED REPRESENTATIVE