
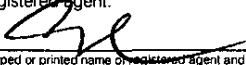



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90422 037 ****50.00

DOCUMENT # L02000030189 1. Entity Name CHARLES WILLIAM PROPERTIES, LLC					
Principal Place of Business 2701 SOUTH RIDGEWOOD AVENUE, SUITE C-2 SOUTH DAYTONA, FL 32119			Mailing Address 2701 SOUTH RIDGEWOOD AVENUE, SUITE C-2 SOUTH DAYTONA, FL 32119		
2. Principal Place of Business 1530 Cornerstone Blvd Suite, Apt. #, etc. Suite 200		3. Mailing Address 1530 Cornerstone Blvd Suite, Apt. #, etc. Suite 200			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 01-0752745	
Zip 32117		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUVA, CHARLES D 2701 SOUTH RIDGEWOOD AVENUE, SUITE C-2 SOUTH DAYTONA, FL 32119				7. Name and Address of New Registered Agent Name Duva, Charles D. Street Address (P.O. Box Number is Not Acceptable) 1530 Cornerstone Blvd Suite 200 City Daytona Beach FL Zip Code 32117	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUVA, CHARLES D 2701 S. RIDGEWOOD AVE. S. DAYTONA, FL 32119 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 Cornerstone Blvd, Suite 200 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWKO, WILLIAM 2701 S. RIDGEWOOD AVE. S. DAYTONA, FL 32119 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 Cornerstone Blvd, Suite 200 Daytona Beach, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date 3/18/04 Daytime Phone # 386-274-7800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					