


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000030406 1. Entity Name ANGABARB HOLDINGS, LLC	
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Principal Place of Business 600 N. GOLDENROD ROAD ORLANDO, FL 32807	Mailing Address 600 N. GOLDENROD ROAD ORLANDO, FL 32807
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-LLC

CR2E083 (10/03)

4. FE Number 02-0650937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DYCE, JAMES P 2111 E. MICHIGAN STREET 130 ORLANDO, FL 32807

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

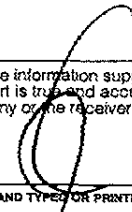
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000122368
04/21/04-80025-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, JOHN K 600 N. GOLDENROD ROAD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRISZ, PAUL 4555 CHULUOTA ROAD CHULUOTA, FL 32820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **JOHN K. SMITH** **4-19-04** **407-381-2723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #