

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033435

FILED
Feb 18, 2004
Secretary of State

Entity Name: PALM COAST PARKWAY L.L.C.

Current Principal Place of Business:

500 WEST FULTON STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 2808
SANFORD, FL 32772

New Mailing Address:

FEI Number: 11-3680109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIERACH, DAVID A P.E.
500 WEST FULTON STREET
SANFORD, FL 327722808

Name and Address of New Registered Agent:

ZAUDTKE, TERRY M P.E.
1117 E. ROBINSON STREET
ORLANDO, FL 32801

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.

SIGNATURE: TERRY M. ZAUDTKE

02/18/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GIERACH, DAVID
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: KHOSRAVANI, KAMRAN
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: ZAUDTKE, TERRY M
Address: 500 WEST FULTON STREET
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TERRY M. ZAUDTKE

MGRM

02/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date