


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

7/1 **FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90049 013 \*\*\*\*50.00

**DOCUMENT # L02000033694**

1. Entry Name  
**701 MINOR ROAD LLC**



Principal Place of Business  
**215 S.E. ATLANTIC DRIVE  
 HYPOLUXO ISLAND  
 LANTANA, FL 33462**

Mailing Address  
**215 S.E. ATLANTIC DRIVE  
 HYPOLUXO ISLAND  
 LANTANA, FL 33462**

**34009664**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04032004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1165116** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET  
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent  
 Name **Peter D. Reed**  
 Street Address (P.O. Box Number is Not Acceptable)  
**215 SE Atlantic Drive**  
 City **Lantana** FL Zip Code **33462**

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 **Peter D. Reed** (Signature, typed or printed name of registered agent and state if applicable)  
**Peter D. Reed** (Typed name of registered agent)  
**4/14/04** (Date)

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, PETER D 215 S.E. ATLANTIC DRIVE LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMCKE, DAVID 215 S.E. ATLANTIC DRIVE LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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: **Peter D. Reed** Peter D. Reed, Managing Member 4/14/04 561/582-7443  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #