


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90234 019 \*\*\*\*50.00

<b>DOCUMENT # L03000000764</b>	
1. Entity Name <b>FERN STREET HOLDINGS, L.L.C.</b>	

Principal Place of Business <b>1515 SOUTH FLAGLER DRIVE SUITE 2104 WEST PALM BEACH FL 33401</b>	Mailing Address <b>1515 SOUTH FLAGLER DRIVE SUITE 2104 WEST PALM BEACH FL 33401</b>
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2. Principal Place of Business <b>219 SO. OLIVE AV.</b>	3. Mailing Address <b>219 SO. OLIVE AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WEST PALM BEACH</b>	City & State <b>WEST PALM BEACH</b>
Zip <b>33401</b>	Zip <b>33401</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>55-0813572</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145</b>	
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7. Name and Address of New Registered Agent	
Name <b>JAMES U. CLARKE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>219 SO. OLIVE AVE.</b>	
City <b>WEST PALM BEACH</b>	FL Zip Code <b>33401</b>

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 <i>James U. Clarke</i>	<i>James U. Clarke</i>	DATE <b>2/28/04</b>

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARKE, JAMES U 1515 SOUTH FLAGLER DRIVE SUITE 2104 WEST PALM BEACH FL 33401 <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
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
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
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

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: <i>James U. Clarke, Manager</i>	Date <b>1/28/03</b>	Daytime Phone # <b>561 620-0034</b>
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