

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001845

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: 5301 S. ATLANTIC AVENUE, UNIT 62, L.L.C.

**Current Principal Place of Business:**

4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 47-0918201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROEDER, C.A.  
4800 WATERWITCH POINT DRIVE  
ORLANDO, FL 32806

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHROEDER, C.A.  
Address: 4800 WATERWITCH POINT DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: SCHROEDER, ROBERTA B  
Address: 4800 WATERWITCH POINT DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: MACDERMOTT, PAUL W  
Address: 148 RIVER OAKS CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: MACDERMOTT, ELIZABETH M  
Address: 148 RIVER OAKS CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: DUNCAN, MARLENE  
Address: 3980 LAKE CURVE AVENUE  
City-St-Zip: ROBBINSDALE, MN 55442

Title: MGRM ( ) Delete  
Name: MCMANUS, ROSEMARIE  
Address: 309 E. MAIN STREET  
City-St-Zip: ROCKAWAY, NJ 07866

**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:

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: CA SCHROEDER

MGRM

03/16/2004

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