2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000003712

1. Entity Name M. LIFFRIG, LLC

Principal Place of Business

9210 HIGHLAND RIDGE WAY TAMPA, FL 33647 Mailing Address

9210 HIGHLAND RIDGE WAY TAMPA, FL 33647

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



04082004 No Chg-LLC

CR2E083 (10/03)

 4. FEI Number
 Applied For

 33-1049857
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

BURKE, LESLIE 9210 HIGHLAND RIDGE WAY TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	office or registered	dagent, or both,	in the State of Florida.	I am familiar with, and accept
	The dailigations of registered agent.		-		
٠.	ON A WIND				

(NOTE, Registered Agent signature required when retristating)

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

U00000122727 04/21/04-80041-005 50.00

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFFRIG, CORY J 9210 HIGHLAND RIDGE WAY TAMPA, FL 33647			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKE, LESLIE A 9210 HIGHLAND RIDGE WAY TAMPA, FL 33647			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-10-04

Daytime Phone #