
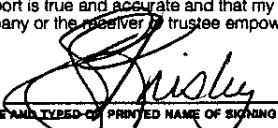


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90352 047 ****50.00

DOCUMENT # L03000004045 1. Entity Name M. SCRIBNER PROPERTIES, L.L.C.			
Principal Place of Business 3814 FLAGLER AVENUE KEY WEST, FL 33040		Mailing Address 3814 FLAGLER AVENUE KEY WEST, FL 33040	
2. Principal Place of Business 3776 E. Millers Bridge Rd. Suite, Apt. #, etc.		3. Mailing Address 3776 E. Millers Bridge Rd. Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32312 Country US		City & State Tallahassee, FL Zip 32312 Country US	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLFE, HAROLD E 2300 PALM BEACH LAKES BOULEVARD STE. 302 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCRIBNER, PATRICK L 3814 FLAGLER AVENUE KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Successor Mgr. Sherree S. Knisley 3776 E. Millers Bridge Rd. Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Sherree S. Knisley 4/19/04 (850) 309-1067	

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