## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 14, 2004 8:00 am Secretary of State

## Address of Duriness	<ol> <li>Entity Nam</li> </ol>	MENT # L03000005		01-14-2004 90039 037 ****50.00				
Sulte, Apt 8, etc.  Sulte, Apt 8, etc.  Sulte, Apt 8, etc.  Sulte, Apt 8, etc.  City & State  City &	4733 WINDSOR AVENUE 4733 WINDSOR AVEN				24001563			
City & State  Street Address (F-O. Box Number is Not Acceptable)  City  FL Zip Code  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  City  FL Zip Code  City City  FL Zip Code  City City	San	re as above	Same as a	box	4			
September   Sept	City & State		City & State		4. FEI Number		Ar	
Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	1		55.00 Add	ditional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent		7. Name and A	ddress of New Re	gistered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SigNaTURE    Signature (Figs or prints name or registered agent)   Signature (Figs or prints name)   Signature (Figs or prints n	4733 WINDSOR AVENUE							
the obligations of registered agent.  Signature Registered agent.  Filling Fee is \$50.00 Due by May 1, 2004  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE JOHN J. Grazians Delete MITE JOHN J. Grazians Delete MARE SIRET ADDRESS OTTY-ST-ZIP  TITLE NAME SIRET ADDRESS OTTY-ST-ZIP				City .	FL Zip Code			
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44. Thereby cortily that the information conclined with this filling does not qualify for the exponetion stated in Costian 110 07/2/6). Clarida Ctatutan I forther neith, that the information	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	Change	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Days Daysire Priorie