

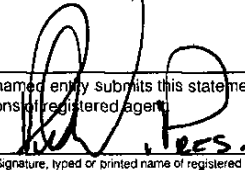
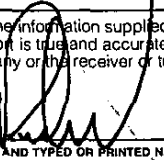


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 044 ****55.00

DOCUMENT # L03000006940 1. Entity Name 2003 PALM COAST ASSOCIATES, LLC					
Principal Place of Business 151 SAWGRASS CORNERS DRIVE, SUITE 202 PONTE VEDRA BEACH, FL 32082			Mailing Address 151 SAWGRASS CORNERS DRIVE, SUITE 202 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
03292004 Chg-LLC CR2E083 (10/03)					
4. FEI Number 72-1556753				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name: The Ferber Company, Inc. Street Address (P.O. Box Number is Not Acceptable): 151 Sawgrass Corners Drive Suite 202 City: Ponte Vedra Beach FL Zip Code: 32082		
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:  DATE: 4-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 FERBER, PAUL S 151 SAWGRASS CORNERS DRIVE, SUITE 202 PONTE VEDRA BEACH, FL 32082	<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			
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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"/> Delete			
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:  DATE: 4-2-04 904-285-7600 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		