

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90230 045 \*\*\*\*50.00

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<b>DOCUMENT # L03000007051</b> 1. Entity Name <b>CA SAN MARCO ASSOCIATES, LLC</b>					
Principal Place of Business <b>3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>55-0820705</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>WHITMIRE, ROBERT L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to: Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMIRE, ROBERT L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMIRE, JANET L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMIRE, JANET L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207			<input type="checkbox"/> Delete	
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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.					
<b>SIGNATURE:</b>				Date <b>2.1.04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>904.344.3429</b>	