

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90602 001 \*\*\*350.00

<b>DOCUMENT # L03000008085</b>					
<b>1. Entity Name</b> 10060 DAISY AVENUE, LLC					
<b>Principal Place of Business</b> 11891 U.S. HIGHWAY ONE STE. 105 NORTH PALM BEACH, FL 33408			<b>Mailing Address</b> 11891 U.S. HIGHWAY ONE STE. 105 NORTH PALM BEACH, FL 33408		
<b>2. Principal Place of Business</b> 11891 US Hwy One Suite, Apt. #, etc. Ste: 100		<b>3. Mailing Address</b> 11891 US Hwy One Suite, Apt. #, etc. Ste: 100			
City & State North Palm Beach, FL		City & State North Palm Beach, FL		04132004 Chg-LLC CR2E083 (10/03)	
Zip 33418		Country U.S.		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HACKNEY, ROBERT C 11891 U.S. HIGHWAY ONE STE. 105 NORTH PALM BEACH, FL 33408			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Smith Donald R. 11891 US Hwy One, Ste 102 North Palm Beach, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Smith Cynthia A. 11891 US Hwy One, Ste 100 North Palm Beach, FL 33408		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	
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	
<b>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>					
<b>SIGNATURE:</b> <u>Donald R. Smith</u> <u>Donald R. Smith</u> <u>4/29/04</u> <u>561-622-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					