


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L03000008221**

1. Entity Name  
 3628 DAISY AVENUE, LLC



Principal Place of Business  
 11891 U.S. HIGHWAY ONE, STE. 105  
 NORTH PALM BEACH, FL 33408

Mailing Address  
 11891 U.S. HIGHWAY ONE, STE. 105  
 NORTH PALM BEACH, FL 33408

2. Principal Place of Business  
 11891 US Hwy One  
 Suite, Apt. #, etc.  
 Ste. 100

3. Mailing Address  
 11891 US Hwy One  
 Suite, Apt. #, etc.  
 Ste. 100

City & State  
 North Palm Beach, FL


City & State  
 North Palm Beach

Zip  
 33418

Country  
 U.S.

Zip  
 33418

Country  
 U.S.



04132004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C  
 11891 U.S. HIGHWAY ONE, STE. 105  
 NORTH PALM BEACH, FL 33408

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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	MGRM Smith, Donald R. 11891 US Hwy 1, Ste. 100 North Palm Beach, FL 33408 <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	MGRM Smith, Cynthia A. 11891 US Hwy One, Ste. 100 North Palm Beach, FL 33408 <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: Donald R. Smith Donald R. Smith 4/29/04 561-622-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #