


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90223 009 ****50.00

DOCUMENT # L03000009282	
1. Entity Name DOWNUNDER, LLC.	

Principal Place of Business 235 S. OCALA ROAD MANAGEMENT OFFICE TALLAHASSEE, FL 32304	Mailing Address PO BOX 2535 TALLAHASSEE, FL 32316
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2. Principal Place of Business 2020 W. Pensacola St Suite 27	3. Mailing Address Suite, Apt. #, etc.
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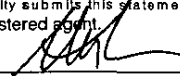
City & State TALL, FL	City & State Suite, Apt. #, etc.
Zip 32304	Country



02242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0509904		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LEONI, STEVEN M 235 S. OCALA ROAD MANAGEMENT OFFICE TALLAHASSEE, FL 32304		
7. Name and Address of New Registered Agent Leoni, Steven M Street Address (P.O. Box Number is Not Acceptable) 2020 West Pensacola St. Suite #27 City Tallahassee FL Zip Code 32304		

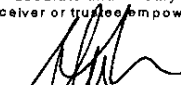
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/25/04**

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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 **2/26/04** S80-3131