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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90036 004 ****55.00

DOCUMENT # L03000011737			
1. Entity Name FIFTH AVENUE PARTNERS, LLC			
Principal Place of Business 624 CREEL STREET MELBOURNE, FL 32935		Mailing Address POST OFFICE BOX 33275 INDIALANTIC, FL 32903	
2. Principal Place of Business 1243 N. Harbor City Blvd Suite, Apt. #, etc. Melbourne City & State FL 32935 Zip 32903 Country USA		3. Mailing Address P.O. Box 33275 City & State Indialantic, FL Zip 32903 Country USA	
04072004 Chg-LLC CR2E083 (10/03)		4. FEI Number 38-3680110	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONTGOMERY, MICHAEL 624 CREEL STREET MELBOURNE, FL 32935		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, MICHAEL 624 CREEL STREET MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, MICHAEL 1243 N. Harbor City Blvd Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, WILSON 3930 NORTH RIVERSIDE DRIVE INDIALANTIC, FL 32903 <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
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:  MICHAEL MONTGOMERY		4.15.04 321.757.9441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

1243 N. Harbor City Blvd #C
Melbourne, Florida 32935