


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

07-15-2004 90049 014 ****50.00

DOCUMENT # L03000013679
 1. Entity Name
 201 FEDERAL LLC



Principal Place of Business
 215 S.E. ATLANTIC DR.
 HYPOLUXO ISLAND
 LANTANA, FL 33462

Mailing Address
 215 S.E. ATLANTIC DR.
 HYPOLUXO ISLAND
 LANTANA, FL 33462

34009663



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 75-3112272 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATE CREATIONS NETWORK INC.
 11260 PROSPERITY FARMS RD. #221E
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name ~~XXXXXXXXXX~~ Peter D. Reed
 Street Address (P.O. Box Number is Not Acceptable)
 215 SE Atlantic Drive
 City Lantana FL Zip Code 33462

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 Peter D. Reed Peter D. Reed DATE 4/14/04 6/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, PETER D 215 S.E. ATLANTIC DR. LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMCKE, DAVID 215 S.E. ATLANTIC DR. LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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: Peter D. Reed Peter D. Reed, Managing Member 4/14/04 561/582-7443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #