
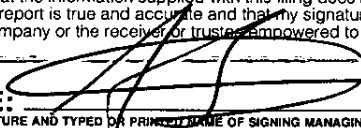


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90033 047 \*\*\*\*50.00

<b>DOCUMENT # L03000015149</b> 1. Entity Name <b>BOYNTON BEACH ND STORE, LLC</b>					
Principal Place of Business <b>1741 NORTH CONGRESS AVE. BOYNTON BEACH, FL 33426</b>			Mailing Address <b>1741 NORTH CONGRESS AVE. BOYNTON BEACH, FL 33426</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>24040001</b>	
City & State		City & State		02042004    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>02-0689432</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>CFRA, LLC ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33601-3239</b>	
7. Name and Address of New Registered Agent Name <b>Andrew Settler</b> Street Address (P.O. Box Number is Not Acceptable) <b>1741 North Congress Ave.</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33426</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.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee Is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	
			<b>Manager Andrew Settler 1741 North Congress Ave. Boynton Beach, FL 33426</b>		
			<b>Member Ed Miller 68 Bridle Trail Rd. Needham, MA 02492</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>SIGNATURE:</b> 			<b>MANAGER</b> <b>3-11-04</b> <b>934-935-0085</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		