

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90276 035 \*\*\*\*50.00

DOCUMENT # L03000015161					
1. Entity Name OUTPARCELS OF GAINESVILLE, LLC					
Principal Place of Business 4041-B NW 37TH PLACE GAINESVILLE, FL 32606			Mailing Address PO BOX 15494 IRVINE, CA 92623		
2. Principal Place of Business		3. Mailing Address Steven M. Chamberlain			
Suite, Apt. #, etc. 4041-B NW 37th Place		Suite, Apt. #, etc. 618 NE First Street			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32606		Country U.S.A.		Zip 32601	
				Country U.S.A.	
6. Name and Address of Current Registered Agent  CHAMBERLAIN, STEVEN M 618 1ST ST. GAINESVILLE, FL 32606				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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Tony Trikonakis PO BOX 15494 Irvine, CA 92623 <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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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.					
Steven M. Chamberlain - Authorized Representative					
SIGNATURE: 			2/25/04 352-375-8540		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					