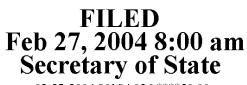
2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L03000016555 1. Entity Name 518 PINE TERRACE, LLC					02-27-2004 90194 036 ****50.00			
Principal Place of Business 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 33405-1539		Mailing Address 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 33405-1539						
2 Principal P	lace of Business	3. Mailing Address						
						<u> </u>	NDIBI REDEN NIINI MIENI NAINA NEEL	11 JUL 11 JUL 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe 2387208			plied For Applicable	
Zip	Country	Zip	Country	-		of Status Desired	S5.00 Addi	
	6. Name and Address of Current F	Registered Agent		None	7. Name and	Address of New Ro		
SNED, WILLIAM H JR				Name Street Address (P.O. Box Number is Not Acceptable)				
	XIE HWY., STE. 5 .M BEACH, FL 33405-1539		Street Address (P.O. I			r is Not Acceptable)	
				City			Zip Code	
The above named entity submits this statement for the purpose of changing its register					ed agent, or both	n, in the State of Flo		<u> </u>
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	ling Fee is \$50.00 ue by May 1, 2004						e check payable to Department of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNED, WILLIAM H JR 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 334051	□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-Zup			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET /	ADDRESS 1-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET /	ADDRESS 1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS T-ZIP			☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filling 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								

William H. Sned, Jr. 2/13/04 561/655-8631

Date Daytime Phone #