

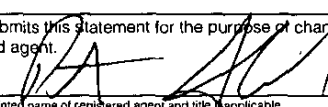
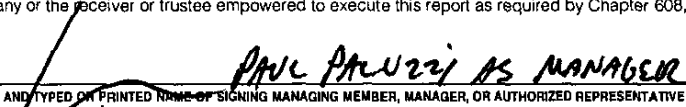


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90282 009 ****50.00

DOCUMENT # L03000017781 1. Entity Name BRISTOL AVENUE DEVELOPMENT, LLC					
Principal Place of Business 809 SOUTH ALBANY AVENUE TAMPA, FL 33606 US			Mailing Address 809 SOUTH ALBANY AVENUE TAMPA, FL 33606 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04202004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 33-1051691	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEAVYHOUSE, RUSSELL K ESQ. 10002 PRINCESS PALM AVENUE SUITE 228 TAMPA, FL 33619				7. Name and Address of New Registered Agent Name SKOKOS, Peter Z Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street Ste 610 City Sarasota FL Zip Code 34236	
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 				DATE 4-30-04	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZONS DEVELOPMENT, LLC 808 SOUTH HOWARD AVENUE TAMPA, FL 33604 <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
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4/24/04 Daytime Phone # 813 258 8500	