## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L03000018080

1. Entity Name



## **FILED** Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90073 038 \*\*\*\*55.00

Filling Fee is \$50.00, Due by May 1, 2004.    Mark check payable to Florida Department of State	1075 E. MANN BARTOW, FL : 2. Principal Pla Suite, Apt. #	N ROAD	1075 E. MANN ROAD			<del>-</del>				
Suite. Apt. 8, etc.  City & State  Country  City & State  City &	Suite, Apt. #		1075 E. MANN ROAD							
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E. Name and Address of Current Registered Agent  E. Name and Address of Status Desired  E. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City						1				
E. Name and Address of Current Registered Agent  E. Name and Address of Status Desired  E. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City	Oily & State		City & State			4. FEI Numb	371017	20		<del></del>
FERNANDEZ, KRISTOPHER E ESQ.  107 S. BOULEVARD, SUITE D  City  FL  Zp Code  Code  City  Fl  Zp Code  Code  City  Fl  Zp Code  Code  Code  City  Code  City  Code  Cit	Zip	Country	Zip	Coun	ntry	1		74.	5.00 Add	litional d
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Line 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 acceptable obligations of registered agent.  GENATURE  Fulling Fee is \$50.00.  Due by May 1, 2004  MANAGING MEMBERS/MANAGERS  16. ADDITIONS/CHANGES  THE MGR Debte THE Debte THE Grange Additions of the State of Florida. I am familiar with, and acceptable to Florida Department of State  MANAGING MEMBERS/MANAGERS  16. ADDITIONS/CHANGES  THE MGR Debte THE Debte THE Grange Additions of the State of Florida Department of State  Change Additions of the State of Florida Department of State  Change Additions of the State of Florida Department of State  ADDITIONS/CHANGES  THE MARK SIREH ADDRESS OTTS-S-2P  THE M		6. Name and Address of Current	Registered Agent			7. Name and	Address of New Ro	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  City	ERNANDI	7. KŘÍSTOPHER E ESO. T	الم شعب		Name	^	المعبد المسارات		والدارة شيا	
Line 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.    Control   Con	307 S. BOU	JLEVARD, SUITE D	·		Street Addres	s (P.O. Box Numb	er is Not Acceptable)	)		
I. 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.    Interpolation   Interpolation	-				City			FI	Zip Code	<u> </u>
SIGNATURE Symbol in printed inseried agent and little 2 application. (PATE: Registered Agent signature required when retrolation).  Filling Fee is \$50.00. Due by May 1, 2004:  MANAGING MEMBERS/MANAGERS  THE MGR HEIDEN, CHARLES E INSET ADDRESS INTER ADDRE	. The above r	named entity submits this statement for	or the purpose of changing its	s register	ed office or regis	tered agent, or bo	oth, in the State of Flo		imiliar with,	and accept
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Filing Fee is \$50.00. Due by May 1, 2004    MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES     MGR	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature requ	ired when reinstating)		, DATE .		
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SIGNATURE: Charles Headen CHARLES E HELDEN 5/25/64 86 3.5 33/885
SIGNATURE AND TYPED OR PRINTED MANAGE OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DIAG Dayline Proce #