


AMENDED

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000018408	
1. Entity Name SEVEN ELEVEN COURT, LLC	

Principal Place of Business 300 FIFTH AVE SOUTH STE 227 NAPLES, FL 34102 US	Mailing Address 300 FIFTH AVE SOUTH STE 227 NAPLES, FL 34102 US
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2. Principal Place of Business 5189 Old Gallows Way Suite, Apt. #, etc.	3. Mailing Address 5189 Old Gallows Way Suite, Apt. #, etc.
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City & State Naples, Florida	City & State Naples, Florida
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Zip 34105	Country USA	Zip 34105	Country USA
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6. Name and Address of Current Registered Agent ELLIOTT, BRIAN M 300 FIFTH AVENUE SOUTH #227 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Jeff M. Novatt, Esquire Street Address (P.O. Box Number is Not Acceptable) Cheffy Passidomo Wilson & Johnson 821 Fifth Avenue South, Suite 201 City Naples, Florida FL Zip Code 34102
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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 *[Signature]* DATE 7/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, BRIAN M 300 5TH AVE SOUTH, #227 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager James Gendreau 5189 Old Gallows Way Naples, Florida 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT, DEBRA 300 5TH AVE SOUTH, #227 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400040360484 08/20/04--01045--003 **50.00 <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
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

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]* DATE 7/30/04 (612) 741-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
2004 AUG 19 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



07292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2360453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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