


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90342 031 \*\*\*\*50.00

| <b>DOCUMENT # L03000023653</b><br>1. Entity Name<br><b>MAYFLOWER, LLC</b>   |                            |  |                         |                |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
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| Principal Place of Business<br><b>1605 BROOKSIDE CIRCLE EAST<br/>JACKSONVILLE FL 32207</b>  |                            |  |                         | Mailing Address<br><b>1605 BROOKSIDE CIRCLE EAST<br/>JACKSONVILLE FL 32207</b>                  |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                            | 3. Mailing Address<br><b>134 OCEANWALK DRIVE SOUTH</b><br>Suite, Apt. #, etc.  |                         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State<br>  |                            | City & State<br><b>ATLANTIC BEACH, FLORIDA</b>   |                         | 4. FEI Number<br><b>42-1598214</b>  |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip<br>   |                            | Country<br>  |                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PATTERSON, BOND &amp; LATSHAW, P.A.<br/>3010 SOUTH THIRD STREET<br/>JACKSONVILLE BEACH FL 32250</b>   |                            | 7. Name and Address of New Registered Agent<br>Name: _____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City <b>FL</b> 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>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |                            |  |                         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARTER, GRETA M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1605 BROOKSIDE CIRCLE EAST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE FL 32207</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MACKOUL, RICK M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>134 OCEANWALK DRIVE SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ATLANTIC BEACH FL 32233</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table> |                            |  |                         |   |   | 9. 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ADDITIONS / CHANGES   |      |                 | TITLE | MGR | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | CARTER, GRETA M |  | NAME |  |  | STREET ADDRESS | 1605 BROOKSIDE CIRCLE EAST |  | STREET ADDRESS |  |  | CITY - ST - ZIP | JACKSONVILLE FL 32207 |  | CITY - ST - ZIP |  |  | TITLE | MGR | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MACKOUL, RICK M |  | NAME |  |  | STREET ADDRESS | 134 OCEANWALK DRIVE SOUTH |  | STREET ADDRESS |  |  | CITY - ST - ZIP | ATLANTIC BEACH FL 32233 |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                            |  | 10. ADDITIONS / CHANGES |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   | MGR                        | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  | CARTER, GRETA M            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  | 1605 BROOKSIDE CIRCLE EAST |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   | JACKSONVILLE FL 32207      |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   | MGR                        | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  | MACKOUL, RICK M            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  | 134 OCEANWALK DRIVE SOUTH  |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   | ATLANTIC BEACH FL 32233    |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  |                            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   |                            |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  |                            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   |                            |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  |                            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   |                            |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME  |                            |  | NAME                    |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS          |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP   |                            |  | CITY - ST - ZIP         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| 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.   |                            |  |                         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table style="width:100%;"> <tr> <td style="width: 40%;">SIGNATURE: <u>Rick M. Mackoul</u></td> <td style="width: 20%; text-align: center;">2-16-04</td> <td style="width: 40%; text-align: center;">904-249-0802</td> </tr> <tr> <td style="font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</td> <td style="font-size: small;">Date</td> <td style="font-size: small;">Daytime Phone #</td> </tr> </table>  |                            |  |                         |   |   | SIGNATURE: <u>Rick M. Mackoul</u> | 2-16-04 | 904-249-0802 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE: <u>Rick M. Mackoul</u>   | 2-16-04                    | 904-249-0802   |                         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   | Date                       | Daytime Phone #  |                         |   |   |                                   |         |              |   |      |                 |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                            |  |                |  |  |                 |                       |  |                 |  |  |       |     |                                 |       |  |   |      |                 |  |      |  |  |                |                           |  |                |  |  |                 |                         |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |