


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-05-2004 90503 047 ****50.00

DOCUMENT # L03000024698 1. Entity Name BILLS DRIVE, LLC																																	
Principal Place of Business 4315 SMUGGLERS WAY JACKSONVILLE FL 32210 <i>5828 Ft Sumter</i>		Mailing Address 4315 SMUGGLERS WAY JACKSONVILLE FL 32210 <i>5828 Ft Sumter</i>																															
2. Principal Place of Business <i>JACKSONVILLE</i>		3. Mailing Address <i>JACKSONVILLE</i>																															
Suite, Apt. #, etc. <i>FIA</i>		Suite, Apt. #, etc. <i>FIA</i>																															
City & State <i>FIA</i>		City & State <i>JAX, FLA</i>		4. FFI Number <i>73-1672819</i>																													
Zip <i>32210</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent CARTER, JUDY R 4315 SMUGGLERS WAY JACKSONVILLE FL 32210			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) <i>5828 Ft Sumter</i> City: <i>JAX</i> State: <i>FL</i> Zip Code: <i>32210</i>																														
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: <i>Judy Carter</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>MANAGING MEMBER JUDY CARTER 5828 Ft Sumter JAX, FLA 32210</i> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>MANAGING MEMBER JUDY CARTER 5828 Ft Sumter JAX, FLA 32210</i>	<input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <i>Judy Carter</i> <i>1-25-04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	