

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90279 017 \*\*\*\*50.00

**DOCUMENT # L03000026140**

**1. Entity Name**  
**THE MASTERS ROAD COMPANY, LLC**



**Principal Place of Business**  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207

**Mailing Address**  
300A WHARFSIDE WAY  
JACKSONVILLE, FL 32207

**24041034**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

**4. FEI Number**

☐ Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

DAWES, MICHAEL F  
300A WHARFSIDE WAY  
JACKSONVILLE, FL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** MGR ☐ Delete  
**NAME** DAWES, MICHAEL F  
**STREET ADDRESS** 300A WHARFSIDE WAY  
**CITY-ST-ZIP** JACKSONVILLE, FL 32207

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/03

Date

904-620-0255

Daytime Phone #