## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2004 8:00 am Secretary of State

DOCUMENT # L03000026670  1. Entity Name LAW OFFICE OF ALEXANDER & LEE, L.L.C.						03-23-2004 90071 035 ****50.00				
Principal Place	e of Business	· <del>-</del>	Mailing Address		$\neg$					
19 OLD MISS St. Augustin	Sion avenue Ne, Fl 32084	1	19 OLD MISSION AVEN St. Augustine, FL 32		£ 1 <b>00</b> (10)£ <b>3</b> (2)	ARION SINS NUSII NUIII UU	4 IN 1841 IN 41 IN 10 IN 11 11 11			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03042004	Chg-LLC ·	CR2E083	3 (10/03)			
City & State		City & State		4. FEI Number	00647	4-7		plied For t Applicable		
Zip		Country	Zip	Country	5. Certificate	of Status Desired		5.00 Add ee Required		
	6. Name a	nd Address of Curren	t Registered Agent	Name	7. Name and	Address of New R	egistered Ag	ent		
ALEXANDER, J. STEPHEN 19 OLD MISSION AVENUE ST. AUGUSTINE, FL 32084					Name  Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	3	
	named entity stions of register		for the purpose of changing its	registered office or regi	istered agent, or bot	h, in the State of Flo	orida. I am fai	miliar with,	and accept	
									i	
SIGNATURE .	Signature, typed or	printed name of registered age	nt and title if applicable. (NO	E: Registered Agent signature rec	quired when reinstating)		DATE	-		
Fi	Signature, typed or illing Fee is ue by May	\$50.00	nt and title if applicable. (NO	E: Registered Agent signature rec	quired when reinstating)		DATE e check pay a Departmen			
Fî Di	Signature, typed or	\$50.00 1, 2004			quired when reinstating)	Florida	e check pay 1 Departmen		•	
Fi	Signature, typed or	\$50.00		TE: Registered Agent signature rec	quired when reinstating)		e check pay a Departmen CHANGES		Addition	
9. TITLE NAME	Signature, typed or illing Fee is ue by May  MGRM ALEXANDE	\$50.00 1, 2004 MANAGING MEME	BERS/MANAGERS	10. TITLE NAME	quired when reinstating)	Florida	e check pay a Departmen CHANGES	nt of State		
9.	iling Fee is ue by May  MGRM  ALEXANDE 19 OLD MIS	\$50.00 1, 2004 MANAGING MEME ER, J. STEPHEN SSION AVENUE	BERS/MANAGERS	10. TITLE	quired when reinstating)	Florida	e check pay a Departmen CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or  Illing Fee is ue by May  MGRM  ALEXANDE 19 OLD MII ST. AUGUS  MGRM	\$50.00 1, 2004 MANAGING MEME ER, J. STEPHEN SSION AVENUE STINE, FL 32084	BERS/MANAGERS  Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	quired when reinstating)	Florida	e check par a Departmen CHANGES	nt of State		
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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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

3-4-04 (904)