
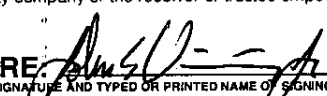


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90318 020 \*\*\*\*50.00

<b>DOCUMENT # L03000028463</b> 1. Entity Name <b>OBSIDIAN PROPERTIES LLC</b>					
Principal Place of Business <b>773 S. KIRKMAN ROAD SUITE 118 ORLANDO, FL 32811 US</b>			Mailing Address <b>P O BOX 238093 COCOA, FL 32923-8093 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMALL BUSINESS RESOURCES, INC. 773 S. KIRKMAN ROAD SUITE 118 ORLANDO, FL 32981-1</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <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>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MGR John E Vining Jr PO Box 238093 Cocoa, FL 32923-8093</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<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)(l), 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.					
<b>SIGNATURE</b> 			<b>John E. Vining Jr MGR</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>7/1/04</b> Daytime Phone # <b>321-258-0352</b>		

Attachment

34009115  
#L03000028463

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OBSIDIAN PROPERTIES LLC 08/2003  
PO BOX 238093  
COCOA, FL 32923

1080

2/23/04

63-215/631

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*John E. Perry*

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