2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT										
DOCUMENT # L'03000029375						FILED				
FLACEM,	LLC							4 PM 1: 3		
Principal Place of Business Mailing Address						•	DIVISION OF	CORPORALI	ONS	
155 EAST 21ST ST.			155 EAST 21ST ST.			ALLAHASSEE, FLORIDA				
JACKSONVILLI	E, FL 3220	06-2104		ACKSONVILLE, FL 32206-2104						
						 	III:21 IIID 91IN 11III 11E	 		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02242004	Chg-LLC	CR2E083 (10/	., <u>.</u>		
City & State			City & State			4. FEI Numbe 59-14	່ 07640		Applied For Not Applicable	
Zip		Country	Zip		5. Certificate of Status Desired South Status Desired Fee Required					
	6. Name	and Address of Current R	legistered Agent			7. Name and	Address of New R			
Name Den							nis D. Frick, Esquire			
RAX CO. ATTN: DAN	NIEL B. N	UNN, JR., ESQ		Stre	Street Address (P.O. Box Number is Not Acceptable)					
50 NORTH JACKSON		ST, STE 3300 . 32202	15			East 21st Street				
••					Jac	Jacksonville FL 32206				
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 acce										
the obligations of registered agent.										
SIGNATURE SIMULU SLICE DOWNIS D. FRICK RENVEY 25, 2004										
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							 4 * ** * * * * * * * * * * * * * * * *	e check payable Department of t	78. 38.38	
9.		MANAGING MEMBER	I RS/MANAGERS	10.		<u></u>	ADDITIONS/	CHANGES	***************************************	
TITLE			☐ Delete	TITLE MOR	Mem Mem	ber		Cha	nge AAddition	
NAME Street address				NAME STORES	+ 10 155	rida koç E. 21st	k Industri Street	ies, inc.		
CITY-ST-ZIP				STREET ADDR	Jac	ksonvill	e, FL 3220)6 -		
TITLE	☐ Delete TITL				☐ Change ☐ Addition					
NAME			NAM			700029898647				
STREET ADDRESS CITY-ST-ZIP				STREET ADDR	ESS	03/04/0401030022 **200.00				
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STREET ADDRESS CITY-ST-ZIP				STREET ADDR	233					
TITLE			☐ Delete	TITLE				☐ Cha	nge 🔲 Addition	
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STREET ADDRESS CITY-ST-ZIP				STREET ADDR	ESS					
TITLE			☐ Delete	TITLE				☐ Cha	nge 🗌 Addition	
NAME				NAME						
STREET ADDRESS City-St-Zip				STREET ADDR	ESS					
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: Demar Es, 2004 (904) 355-1781										
SIGNAT		AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	IAGER OR AUTHO	RIZED REPRESE	SCUNTY ENTATIVE	45, 2004	Daytime Pho	,-1,O1	