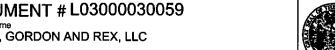
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # L03000030059 1. Entity Name FISHER, GORDON AND REX, LLC					04-23-2004 90018 031 ****50.00
Principal Place of Business 1326 S. RIDGEWOOD AVENUE, SUITE 7 DAYTONA BEACH, FL 32114		Mailing Address 1326 S. RIDGEWOOD AVENUE, SUITE 7 DAYTONA BEACH, FL 32114		SUITE 7	Sanaren
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004 Chg-LLC CR2E083 (10/03)
City & State		City & State			4. FEI Number 20 - 0144574 Applied For Not Applicable
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired Specificate of Status Desired Fee Required
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent
REX, RAN	IDALL I		Name		
1326 S. RI	IDALE L IDGEWOOD AVENUE, SUITE 7 N BEACH, FL 32114	7		Street Address	s (P.O. Box Number is Not Acceptable)
		City		City	FL Zip Code
 The above named entity submits this statement for the purpose of changing its registered office or regist 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					
Di	lling Fee is \$50.00 ue by May 1, 2004				Make check payable to Florida Department of State
9.	MANAGING MEMBER		10.		ADDITIONS/CHANGES
TITLE		☐ Delete	TITLE	. We	GR ← Change
NAME STREET ADDRESS CITY-ST-ZIP	STR			ET ADORESS 13	EX, RANDALL 26 S. RIDGEWOOD Ave, STE 7 44TONA Beach, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA STI			- 111	GRM C.E Change Addition 3265. Ridgewood Ave, Ste7 AYTONA Beach. + 32114
TITLE NAME STREET ADORESS CITY-ST-ZIP	NAM STRI			:	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAI STP				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE			l l	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAA Str		CITY-	E ET ADDRESS -ST-ZIP	☐ Change ☐ Addition
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 fustee 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 Date Daylime Phone #					