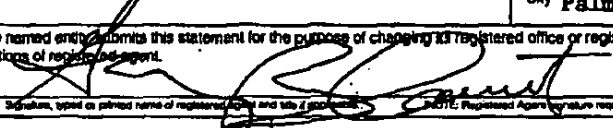


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-09-2004 90220 044 ****50.00

DOCUMENT # L03000031079			
1. Entity Name PALM COAST ENTERTAINMENT, LLC			
Principal Place of Business 32 OSPREY CIRCLE PALM COAST, FL 32137		Mailing Address 32 OSPREY CIRCLE PALM COAST, FL 32137	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired: ☐ 02072004 Chg-LLC GB2E083 (10/03)		Applied For: ☐ 05 05 3581	
		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZ, B. PAUL B. PAUL KATZ PROFESSIONAL BLDG. 1. FLORIDA PARK DRIVE, ATRIUM SUITE PALM COAST, FL 32137		7. Name and Address of New Registered Agent Gary B. Davenport Street Address (P.O. Box Number is Not Acceptable) Chiumento & Davenport, P.A., LLC 4 Old Kings Road North, Suite B City Palm Coast FL 32137	
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 		DATE 3/8/04	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, RUSSELL 32 OSPREY CIRCLE PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 3/8/04 386 447-1856	