

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 015 \*\*\*\*\*50.00

|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|----------------|---------------------------|--|--|---------------------------------|-----------------------------------|-------------|---------------------------------|--|----------------|------------------|-----------------------|--|---|--|-------|------|----------------|-------------|---------------------------------|---------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DOCUMENT # L03000031204</b>   |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1. Entity Name</b><br>ROGERS ROSE REAL ESTATE, LLC  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Place of Business</b><br>252 N.E. 12TH ST.<br>DELRAY BEACH, FL 33444  |                |                           | <b>Mailing Address</b><br>P.O. BOX 1043<br>PALM BEACH, FL 33480    |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2. Principal Place of Business</b>  |                | <b>3. Mailing Address</b> |  | <b>34008874</b><br>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suite, Apt. #, etc.  |                | Suite, Apt. #, etc.       |  | 05032004 Chg-LLC CR2E083 (10/03)   |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State   |                | City & State              |  | <b>4. FEI Number</b><br>432025920  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip  |                | Country                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>KENNEDY, PAUL-ROGERS ESQ<br>252 N.E. 12TH ST.<br>DELRAY BEACH, FL 33444  |                |                           |  | <b>7. Name and Address of New Registered Agent</b><br>Name: Kennedy Paul Rogers ESQ<br>Street Address (P.O. Box Number is Not Acceptable): 11891 US HWY 1 Suite 100<br>City: No. Palm Beach FL Zip Code: 33408 |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>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.</b><br>SIGNATURE:  DATE: 4/29/04  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 8, 2004</b>  |                |                           | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                |                           |  | <b>10. ADDITIONS/CHANGES</b>   |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PAUL R Kennedy</td> <td>252 N.E. 12TH ST</td> <td>DeLray Beach FL 33444</td> <td></td> </tr> </table>  |                |                           |  | TITLE  | NAME                            | STREET ADDRESS                    | CITY-ST-ZIP | Delete <input type="checkbox"/> |  | PAUL R Kennedy | 252 N.E. 12TH ST | DeLray Beach FL 33444 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | PAUL R Kennedy | 252 N.E. 12TH ST          | DeLray Beach FL 33444  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>  |                |                           |  | TITLE  | NAME                            | STREET ADDRESS                    | CITY-ST-ZIP | Delete <input type="checkbox"/> |  |                |                  |                       |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>  |                |                           |  | TITLE  | NAME                            | STREET ADDRESS                    | CITY-ST-ZIP | Delete <input type="checkbox"/> |  |                |                  |                       |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>  |                |                           |  | TITLE  | NAME                            | STREET ADDRESS                    | CITY-ST-ZIP | Delete <input type="checkbox"/> |  |                |                  |                       |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>  |                |                           |  | TITLE  | NAME                            | STREET ADDRESS                    | CITY-ST-ZIP | Delete <input type="checkbox"/> |  |                |                  |                       |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 5%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>   |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | NAME           | STREET ADDRESS            | CITY-ST-ZIP  | Delete <input type="checkbox"/>  | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>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.</b><br>SIGNATURE:  DATE: 4/29/04 DAYTIME PHONE: 561 6222700 |                |                           |  |  |                                 |                                   |             |                                 |  |                |                  |                       |  |   |  |       |      |                |             |                                 |                                 |                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |