


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90555 046 \*\*\*\*55.00

<b>DOCUMENT # L03000031945</b>					
<b>1. Entity Name</b> ALAMANDA KEY, L.L.C.					
<b>Principal Place of Business</b> 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926			<b>Mailing Address</b> 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082004    Chg-LLC    CR2E083 (10/03)	
<b>5. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
VANI, T.A. 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____	
FL				Zip Code	
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		_____		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S&S ENTERPRISES, INC. 400 HIGH POINT DR., SUITE 500 COCOA, FL 32926	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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>					
<b>SIGNATURE:</b> <u>Tom Vani</u> <u>3/24/04</u> <u>321-636-0200</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					