
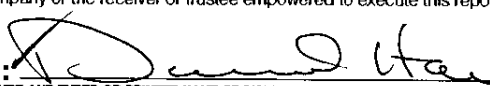


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90183 010 ****50.00

DOCUMENT # L03000032369 1. Entity Name 4 OF A KIND, LLC					
Principal Place of Business 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118			Mailing Address P.O. DRAWER 265669 DAYTONA BEACH, FL 32126-5669		
2. Principal Place of Business 5 HOLLY RIDGE TRAIL Suite, Apt. #, etc.		3. Mailing Address 5 HOLLY RIDGE TRAIL Suite, Apt. #, etc.			
City & State ORMOND BEACH, FL Zip 32174 Country USA		City & State ORMOND BEACH, FL Zip 32174 Country USA		4. FEI Number 20-0982970	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMS, G. LARRY 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM HAYNES, DAVID 501 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 HOLLY RIDGE TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					