2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035669

1. Entity Name
MEDFORD LAKES, LLC

Principal Place of Business	Mailing Address
6402 W. LINEBAUGH AVENUE TAMPA, FL 33625	6402 W. LINEBAUGH AVENUE TAMPA, FL 33625

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

01142004   Chg-LLC   CR2E083 (10/03)

4. FEI Number
56-2395183
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [✓]   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, DONNA J ESQ. 19321-C U.S. HIGHWAY 19 NORTH 103 CLEARWATER, FL 33764	Name: Donna J. Feldman P.A. Street Address (P.O. Box Number is Not Acceptable): 19321 C U.S. Highway 19 No #103 City: Clearwater FL Zip Code 33762

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 _Donna J. Feldman P.A._   (NOTE: Registered Agent signature required when reinstating)   DATE 1/19/04

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: MGRM NAME: BURCAW DEVELOPMENT GROUP, INC. STREET ADDRESS: 6402 W. LINEBAUGH AVENUE CITY-ST-ZIP: TAMPA, FL 33625	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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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 1-22-04   Daytime Phone # 813 -882-4815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE