


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90080 003 *****50.00

DOCUMENT # L03000036314	
1. Entity Name FLORIDA DIRECT SALES & LEASING, LLC	

Principal Place of Business 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801	Mailing Address 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801
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2. Principal Place of Business 304 Bahia Vista Drive	3. Mailing Address 304 Bahia Vista Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Indian Rocks Beach, FL	City & State Indian Rocks Beach, FL
Zip 33785	Country
Country	Zip 33785
Country	Country

44039567



02052004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER (JGH) 201 S. BISCAYNE BLVD. MIAMI, FL 33131	
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4. FEI Number 13-4265965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Corporation Company of Orlando Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Ave., Suite 1000 (JGH) City Orlando FL Zip Code 32801	
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 <i>J. Gregory Humphries</i> J. Gregory Humphries, Vice President 4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brian Smith 304 Bahia Vista Dr. Indian Rocks Beach, FL 33785 <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
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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: <i>[Signature]</i> 4/10/04 727-642-1344 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	