

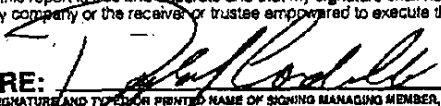


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 MAY -3 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000037458 1. Entity Name BAHIA RIVER ASSOCIATES, LLC																																																																																							
Principal Place of Business C/O HERONS GLEN 12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907			Mailing Address C/O HERONS GLEN 12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																					
City & State Zip Country		City & State Zip Country		01152004 Chg-LLC CR2E083 (10/03)																																																																																			
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT C/O STUMP, STOREY, CALLAHAN & DIETRICH, PA 37 N. ORANGE AVE., STE. 200 ORLANDO, FL 32801																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>																																																																																			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGR</td> <td>CORDELLO, DOUGLAS J</td> <td>12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907</td> <td></td> </tr> <tr> <td></td> <td>MGR</td> <td>POCKRUS, ALEXANDER L</td> <td>12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907</td> <td></td> </tr> <tr> <td></td> <td>MGR</td> <td>CALLAHAN, W. SCOTT</td> <td>37 NORTH ORANGE AVE., STE. 200 ORLANDO, FL 32801</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGR	CORDELLO, DOUGLAS J	12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907			MGR	POCKRUS, ALEXANDER L	12800 UNIVERSITY DR., STE. 400 FT. MYERS, FL 33907			MGR	CALLAHAN, W. SCOTT	37 NORTH ORANGE AVE., STE. 200 ORLANDO, FL 32801						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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)(f), 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:  4/29/04 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																							