2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000038879

1. Entity Name
FIRST FLORIDA HOLDING AND COMPANY X, LLC

34000395

Principal Place of Business	Mailing Address
1600 15TH STREET PLAZA 15, NO. 310 FORT LAUDERDALE, FL 33316	1600 15TH STREET PLAZA 15, NO. 310 FORT LAUDERDALE, FL 33316

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

01052004   Chg-LLC   CR2E083 (10/03)

4. FEI Number — ☐ 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
PALMISANO, MICHAEL 1600 15TH STREET PLAZA 15, NO. 310 FORT LAUDERDALE, FL 33316	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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	MGR PALMISANO, MICHAEL 1600 15TH STREET PLAZA 15, NO. 310 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: _____   2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #