

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039299

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATES INVESTMENTS, LLC

**Current Principal Place of Business:**

2114 BLACK MANGROVE DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

2114 BLACK MANGROVE DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 02-0709107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JIMENEZ-DIAZ, P.A.  
9753 S. ORANGE BLOSSOM TRAIL, SUITE 101  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

SEVILLA, PETER E  
2114 BLACK MANGROVE DR.  
ORLANDO, FL 32828 US

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.

SIGNATURE: PETER E. SEVILLA

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ESPINEL, HENRY  
Address: 2114 BLACK MANGROVE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: SEVILLA, AIDA  
Address: 2114 BLACK MANGROVE DRIVE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AIDA SEVILLA

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date