2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 20, 2004 8:00 am Secretary of State 05-20-2004 90282 005 ****50.00

1. Entity Nam	MENT # L03000040°	108				05-20-2	004 70202	003 3	0.00
Principal Place of Business Mailing Address 104 F. WENNEDY RIVER SUITE 2000 104 F. WENNEDY RIVER SUITE							240	16146	
101 E. KENNEDY BLVD., SUITE 2800 101 E. KENNEDY BLVD., S TAMPA, FL 33602 TAMPA, FL 33602			., SULLE	. 2800			e 1 % -		
Principal Place of Business 3. Malling Address									
Suite, Apt. #, etc.		1406 N. Dale Mabry Highway Suite, Apt. #, etc.		0305200			E083 (10/03)		
City & State Tampa, FL		City & State Tampa, FL		4. FEI Nu	mbel 096	225.		oplied For ot Applicable	
Zip	Country	Zip	Coun	itry		ate of Status Des		\$5.00 Add	
33607	USA	33607	USA					Fee Require	
	6. Name and Address of Current F	legistered Agent		Name	7. Name	and Address of I	lew Registered	I Agent	
THORN, W. THOMPSON III,ESQ C/O SHUMAKER, LOOP & KENDRICK, LLP				Street Address (P.O. Box Number is Not Acceptable)					
	NNEDY BLVD., SUITE 2800			 -			<u> </u>		
				City			F	Zip Cod	e
	named entity submits this statement for tons of registered agent.	the purpose of changing its	register	ed office or r	registered agent, or	both, in the State	of Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ogent ar	nd title if applicable. (NOT)	E: Registere	d Agent signature	e required when reinstating		DATE		
									
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· Fil	ling Fee is \$50.00 by September 8, 2004 MANAGING MEMBER		10.					ment of State	e
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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: SIGNATURE and typed on Printed name of Signing Managing Memper, Manager, or authorized representative