


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90059 021 \*\*\*\*50.00

<b>DOCUMENT # L03000040311</b>	
1. Entity Name <b>SOUTHERN ROCK LEGENDS LLC</b>	

Principal Place of Business <b>417 NORTHEAST ARMORY CIRCLE PORT ST. LUCIE FL 34983</b>	Mailing Address <b>1317 AXTELL AVENUE PORT ST. LUCIE FL 34953</b>
---	--

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

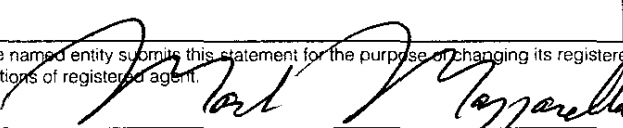


MOORE CR2E083 (11/03)

4. FEI Number <b>52-2406751</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>		7. Name and Address of New Registered Agent Name <b>MARK R. MAZZARELLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1317 AXTELL AVENUE</b> City <b>PORT ST LUCIE</b> FL <b>34953</b>	
--	--	---	--

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.

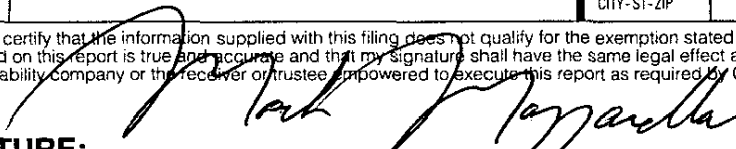
SIGNATURE  **Mark Mazzarella** **4/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZARELLA, MARK R 417 NORTHEAST ARMORY CIRCLE PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1317 AXTELL AVE PORT ST LUCIE FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYATT, JOHN D 417 NORTHEAST ARMORY CIRCLE PORT ST. LUCIE FL 34983 <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 checked="" type="checkbox"/> Delete <del>S SIROIS, STEVE R 417 NORTHEAST ARMORY CIRCLE PORT ST. LUCIE FL 34983</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S KENNETH DALE PARKER 417 Northeast Armory Circle PORT ST LUCIE FL 34983</b>
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
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
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

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:  **Mark Mazzarella** **4/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #