

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Aug 24, 2004 8:00 am
Secretary of State

05-04-2004 90024 043 ****50.00

DOCUMENT # L03000041056

1. Entity Name
 723 N. ATLANTIC AVENUE, LLC



Principal Place of Business
 635 NORTH ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

Mailing Address
 635 NORTH ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

34010090



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 717 N. Atlantic Ave
 Suite, Apt. #, etc.

City & State
 Daytona Beach, FL

Zip Country
 32118 U.S.

04282004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
 KARAMITOS, GEORGE
 635 NORTH ATLANTIC AVENUE
 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

19. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARAMITOS, GEORGE 635 NORTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	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)(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: _____ **4-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #