2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000041517

Entity Name: FRIENDS BEACH PROPERTIES LLC

Current Principal Place of Business:

2825 LEXINGTON CT.
OVIEDO, FL 327658448

New Principal Place of Business:

Current Mailing Address:

2825 LEXINGTON CT.
OVIEDO, FL 327658448

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECYLAK, KATHRYN M
2825 LEXINGTON CT.
OVIEDO, FL 327658448

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	COSTANZO, NORMA	
Address:	3000 SPRING CREEK COURT	
City-St-Zip:	HIGHLAND VILLAGE, TX 75077	
Title:	MGRM	( ) Delete
Name:	COSTANZO, RONALD	
Address:	3000 SPRING CREEK COURT	
City-St-Zip:	HIGHLAND VILLAGE, TX 75077	
Title:	MGRM	( ) Delete
Name:	PECYLAK, KATHRYN	
Address:	2825 LEXINGTON CT.	
City-St-Zip:	OVIEDO, FL 327658448	
Title:	MGRM	( ) Delete
Name:	PECYLAK, STEPHEN	
Address:	2825 LEXINGTON CT.	
City-St-Zip:	OVIEDO, FL 327658448	
Title:	MGRM	( ) Delete
Name:	SANBORN, M. ANDREA	
Address:	2829 LEXINGTON CT.	
City-St-Zip:	OVIEDO, FL 327658448	
Title:	MGRM	( ) Delete
Name:	SANBORN, JOSEPH	
Address:	2829 LEXINGTON CT.	
City-St-Zip:	OVIEDO, FL 327658448	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KATHRYN PECYLAK MGRM 04/29/2004

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