


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State


05-03-2004 90132 048 ****50.00

DOCUMENT # L03000041964	
1. Entity Name PLEASANT HILL ROAD, LLC	

Principal Place of Business 120 WEST CARROLL STREET KISSIMMEE, FL 34741 US	Mailing Address 120 WEST CARROLL STREET KISSIMMEE, FL 34741 US
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2. Principal Place of Business 8 Broadway	3. Mailing Address Same
Suite, Apt. #, etc. Suite 218	Suite, Apt. #, etc.

City & State Kissimmee, FL 34741	City & State
Zip 34741	Country Osceola

24063591

04292004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent LANDIS, DAVID M 225 EAST ROBINSON STREET SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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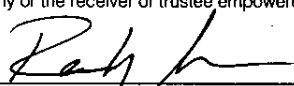
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUNSON, FRED O 120 WEST CARROLL STREET KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sheive, Randy L 8 Broadway, Suite 218 Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" 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
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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:  **RANDY SHEIVE** 4.29.04 407.847.4706

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