FILED Apr 01, 2004 8:00 am Secretary of State

ANNUAL REPURT							_ Secretary or State			
1. Entity Nam		# L03000043! _LC	585			03-24-200-	4 90300 050 ****	50.00		
Principal Plac	e of Business		Mailing Address	<u> </u>	1					
P.O. DRAWER			P.O. DRAWER 229					002505		
	E, FL 32302	-0229	TALLAHASSEE, FL 32302-0229			34002505				
					1 110 000 1110 11	n 20162 MW EDW EDW ED	'ili Bûni arbûs tirên Kirbi tarbî el	1891 M 1881		
Principal Place of Bysiness Mailing Address						-} (BININI				
E Principal Piace Of Diskinss			3. Making Additions			f (11111) f	A DUHUD 1824 BUAH BUAH BU	AH OOMI DIBEB IITAI ONUN IBABI D	11F) IO 1FF	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232004	05-110	ODOCO00 (40/00)		
						03232004	Çhg-LLC	CR2E083 (10/03)		
City & State			City & State			4. FEI Numt		1100	oplied For	
Zip	Zip Country		Zip Coun		ntru	20 - 0401499 No. A		x Applicable		
بردع	ļ.	Jodna y	-	"	,	5. Certificati	e of Status Desired	Fee Require		
	6. Name a	and Address of Current F	Registered Agent	L		7. Name an	d Address of New			
				Name						
	WAKEMAN, MARY L					Street Address (P.O. Box Number is Not Acceptable)				
	SSEE, FL	E STREET, SUITE 9	300		Street Address (P.O. Box Number is Not Acceptable)					
IALLAIJA	SSLL, FL .	32501						-		
•					City			En Zip Cod	la	
ia.					<u> </u>	FL Zp C608				
	named entity tions of registe		the purpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of F	lorida. I am familiar with,	and accept	
	_	iva agpin.								
SIGNATURE	Signeture, typed o	printed name of registered agent a	nd title If applicable. (NOT	E: Pagisters	ed Agent Bigneture requi	ed when reinstaling)		DATE		
	- "		,							
F	iling Fee is ue by May	\$50.00 1, 2004	1.:	•			ke check payable to la Department of Stat	• .		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGRM	W CONTROL MAINEE	Delete	TIT.			7.55.7.5	☐ Change	Addition	
NAME	MCCONNA	NUGHHAY, JAMES N		NAN	AE					
STREET ADDRESS	101 NORT	H MONROE STREET,	SUITE 900	STR	EET ADORESS					
CITY-ST-ZIP	TALLAHAS	SEE, FL 323020229		cm	y-ST-ZIP					
TISLE	MGRM		☐ Detete	TITL	£			☐ Change	Addition	
NAME	WAKEMAN		D	IVA						
STREET ADORESS	1	H MONROE STREET, SSEETFL~323020229~		_	EET AOORESS r-ST-ZIP-					
TITLE	MGRM	SEE, FL 323020228		_				Change	I at Tables	
NAME	1	UGHHAY, JOHN W	Delete	TITL NAS				□ crade	Addition .	
STREET ADDRESS	1	H MONROE STREET,	SUITE 900		EET ADORESS					
CITY-ST-ZIP		SEE, FL 323020229		άħ	r-ST-ZIP					
mie			Delete	ĬΠ	<u> </u>	-		☐ Change	Addition	
NAME				NAA	·					
STREET ADORESS					EET ADDRESS					
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP					
TITLE			Deteta	m				☐ Change	Addition .	
NAME STREET ADDRESS				NAA STR	ME Bet Address					
CITY-ST-ZIP		•			Y-ST-ZIP					
TITLE	 		☐ Deleta	TIM.				☐ Change	☐ Addition	
NAME			FT neem	NA3	- 1			[] ~=4 c		
STREET ADDRESS	[EET ADDRESS					
CITY-ST-ZIP		•	•	CIT	Y-ST-ZIP					
11. I hereby	certify that the	information supplied with	this filing does not qualify fo	x the exc	emption stated in :	Section 119.07(3	(i), Florida Statutes	. I further certify that the i	information	
indicated	i on this report	is true and accurate and	that my signature shall have empowered to execute this	the sam	re legal effect as i	l made under oa	th; that I am a mana	aging member or manag	er of the	
010000						3/2-1-	4	960		
SIGNAT	ſURE: ∽	<u> </u>				عادعات	7	850.222.8	141	