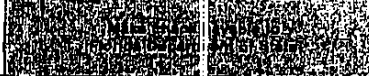


FILED
May 25, 2004 8:00 am
Secretary of State

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05-03-2004 90143 030 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000044025			
1. Entity Name CARRIE LEE'S COCOA BEACH, LLC			
Principal Place of Business 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931		Mailing Address PO BOX 321534 COCOA BEACH, FL 32932-1534	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0343135		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, BILL 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent MATTHEW T. BURKE Street Address (P.O. Box, Apartment, etc.) 503 North Orlando Avenue, Suite #108 Cocoa Beach, FL 32931 City FL Zip Code	
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 <i>Matthew T. Burke, CPA</i> DATE <i>4/19/04</i> Signature is, yourself or printed name of Registered Agent and the applicable. (NOTE: Registered Agent signature required when registering).			
Filing Fee is \$50.00 Due by May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		PRESIDENT PARSONS, BILL 3550 N. ATLANTIC AVE COCOA BEACH, FL 32931	
		VICE PRESIDENT SCOTT OAKLEY 3550 N. ATLANTIC AVE COCOA BEACH, FL 32931	
		SEC/TREASURER TRACIE L. COLLINS 3550 N. ATLANTIC COCOA BEACH, FL 32931	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: <i>Bill Parsons</i> <i>4/19/04</i> <i>321-83-2830</i> SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Filing Fee \$			