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May 25, 2004 8:00 am
Secretary of State
05-03-2004 90143 030 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044025

1. Entity Name
CARRIE LEE'S COCOA BEACH, LLC

Principal Place of Business	Mailing Address
3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	PO BOX 321534 COCOA BEACH, FL 32932-1534

34007230

04132004 Chg-LLC CR2E083 (10/03)

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	7. Name and Address of New Registered Agent
PARSONS, BILL 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	Name: MATTHEW T. BURKE Street Address (P.O. Box Certified Public Accountant 863 North Orlando Avenue, Suite #108 City: Cocoa Beach, FL 32931 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: Matthew T. Burke, CPA
Signature, type or printed name of Registered Agent and title if applicable. DATE: Registered Agent signature required when reinstating. DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Parsons, Bill 3550 N. Atlantic Ave Cocoa Beach, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SCOTT OAKLEY 3550 N. Atlantic Ave Cocoa Beach, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREASURER TRACIE L. COLLINS 3550 N. Atlantic Cocoa Beach, FL 3293[illegible]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/19/04 321-783-2830
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #