


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-04-2004 90028 022 ****50.00

DOCUMENT # L03000046827 1. Entity Name EAST-WEST COMMERCE CENTER, LLC					
Principal Place of Business 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003			Mailing Address 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 52-2415880	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, WILLIAM L JR 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003				7. Name and Address of New Registered Agent Name John W. O'Connor Street Address (P.O. Box Number is Not Acceptable) 1590 Island Lane Suite #28 City Fleming Island FL Zip Code 32003	
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 J.W.O'Connor John W. O'Connor DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR DEVELOPMENT CORPORATION 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003	<input type="checkbox"/> Delete			
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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"/> Delete			
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: J.W.O'Connor Its: President 4/28/04 904/215-7575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					