
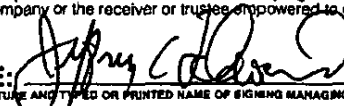


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90053 048 \*\*\*\*50.00

<b>DOCUMENT # L03000048278</b> 1. Entity Name <b>DANVILLE TOWERS, LLC</b>			
Principal Place of Business <b>405 SOUTH UNION STREET</b> <b>DANVILLE, VA 24541</b>		Mailing Address <b>6249-B PRESIDENTIAL COURT</b> <b>FORT MYERS, FL 33919</b>	
2. Principal Place of Business <b>6249 PRESIDENTIAL CT</b> Suite, Apt. #, etc. <b>SUITE B</b>		3. Mailing Address Suite, Apt. #, etc.  	
City & State <b>FORT MYERS, FL</b>		City & State  	
Zip <b>33919</b>	Country <b>USA</b>	Zip  	Country  
4. FEI Number  		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEDWARD, JEFFREY C</b> <b>6249-B PRESIDENTIAL COURT</b> <b>FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>LEDWARD, JEFFREY C</b> <b>6249-B PRESIDENTIAL COURT</b> <b>FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>FOUR DIAMOND INVESTMENT CORPORATION</b> <b>6249-B PRESIDENTIAL COURT</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BURKE, HARALD J</b> <b>P.O. BOX 1262</b> <b>FORT MYERS, FL 33902</b> <input checked="" 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
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
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: 		<b>JEFFREY C. LEDWARD</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/17/04	239 489 1011
<small>Date</small>		<small>Daytime Phone #</small>	

34005665



01192004 Chg-LLC CR2E083 (10/03)