2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021467

1. Entity Name

504, LLC

20006304

01032006 No Chg-LLC   CR2E083 (11/05)

Principal Place of Business	Mailing Address
504 N. HARBOR CITY BLVD MELBOURNE, FL 32935 US	504 N. HARBOR CITY BLVD MELBOURNE, FL 32935 US

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4. FEI Number		Applied For
20-0927719		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

ENGLE, C. DOUGLAS
504 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ENGLE, C. DOUGLAS
STREET ADDRESS	504 N. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	MGRM
NAME	MORGAN, STEVEN J
STREET ADDRESS	504 N. HARBOR CITY BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ STEVEN J. MORGAN 2/6/06   321 751 6088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #