2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# L97000001325

Entity Name: LTD ASSOCIATES, L.C.

Current Principal Place of Business:

1417 SADLER ROAD, PMB 264
AMELIA ISLAND, FL 320344466

New Principal Place of Business:

1417 SADLER ROAD, UNIT 264
AMELIA ISLAND, FL 320344466

Current Mailing Address:

1417 SADLER ROAD, PMB 264
AMELIA ISLAND, FL 320344466

New Mailing Address:

1417 SADLER ROAD, UNIT 264
AMELIA ISLAND, FL 320344466

FEI Number: 59-3478491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, CLYDE C
5389 FLORENCE POINT DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RICHARDS, PETER C
Address: 1417 SADLER ROAD, PMB 264
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete
Name: RICHARDS, JANE ADAMS
Address: 1417 SADLER ROAD, PMB 264
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR ( ) Delete
Name: MORRIS, CLYDE C
Address: 5389 FLORENCE POINT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete
Name: WHITAKER, BRETT
Address: 4143 NORTHSHORE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete
Name: YOUNG, RICHARD H
Address: 1337 AUTUM TRACE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RICHARDS, PETER C
Address: 1417 SADLER ROAD, UNIT 264
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: MGR (X) Change ( ) Addition
Name: RICHARDS, JANE ADAMS
Address: 1417 SADLER ROAD, UNIT 264
City-St-Zip: AMELIA ISLAND, FL 320344466

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLYDE C. MORRIS MR 03/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date