## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L99000002798

1. Entity Name

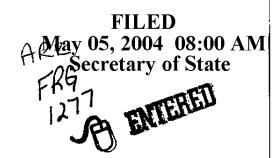
FIREHOUSE WEST LITTLE ROCK, L.C.



Principal Place of Business

3410 KORI ROAD JACKSONVILLE, FL 32257 Mailing Address

3410 KORI ROAD JACKSONVILLE, FL 32257





04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3577367

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, CHRIS 3410 KORI ROAD JACKSONVILLE, FL 32257

STREET ADDRESS CITY+ST-ZIP

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	nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	4 <del>00000156737</del>
SIGNATURE	(NOTE, Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)
Filing Fee is \$50.00	- 10-1001-0 (5-67-37 A · A
Filing Fee is \$50.00 Due by May 1, 2004	0 <del>\$./\$5784~\$8887~011_1\$0.0</del> A

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9.	MANAGING MEMBERS/MANAGERS
TITLE	CFO
, NAME ,	JOOST, STEPHEN
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	P
NAME	SORENSEN, ROBIN
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	V
NAME	SORENSEN, CHRIS
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	

05/05/04-80087-011 50.0

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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: SCHATLING AND TYPED OR PRINTED NAME OF MINING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

Date Daytime Phone #