


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 001 ****50.00

DOCUMENT # L99000003146 1. Entity Name CENTRAL FLORIDA REALTY OF COCOA BEACH, L.L.C.					
Principal Place of Business 5505 N. ATLANTIC AVE. SUITE 214 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE. SUITE 214 COCOA BEACH, FL 32931		
2. Principal Place of Business 69 N. ORLANDO AVE			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State COCOA BEACH, FL			City & State FLORIDA		
Zip 32931		Country		4. FEI Number 59-3579020	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY CURTIS RESQ. 1224 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name STEVEN K. SACCITELLA Street Address (P.O. Box Number is Not Acceptable) 25 ST N. ORLANDO AVE. City COCOA BEACH FL Zip Code 32931		
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 STEVEN K. SACCITELLA <i>PH K. Saccitella</i> 3-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGRM WICHLACZ, JAMES 5505 N. ATLANTIC AVE., STE 214 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 69 N. ORLANDO AVE. COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERBUCH, PEGGY EHRLICH 5505 N. ATLANTIC AVE., STE 214 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 69 N. ORLANDO AVE COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>Peggy E. Averbuch</i> PEGGY E. AVERBUCH			Date 3-12-04 Daytime Phone # 432-9931		