


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000004429 1. Entity Name SANTA FE ASSOCIATES, L.C.	
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Principal Place of Business 27202 N.W. 203RD PLACE HIGH SPRINGS, FL 32643	Mailing Address PO BOX 2747 HIGH SPRINGS, FL 32655
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**DO NOT WRITE IN THIS SPACE**

04052004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3584919	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LIBERMAN, JILL 27202 N.W. 203RD PLACE HIGH SPRINGS, FL 32643
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**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

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2004-04-07 08:00 AM 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBERMAN, JILL 27202 NW 203RD PLACE HIGH SPRINGS, FL
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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:** Jill Liberman, Manager 4/5/04 386 454-4219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #