

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004454 1. Entity Name 647 SOUTH RIDGEWOOD, L.C.	
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Principal Place of Business 647 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32115-0471	Mailing Address P.O. BOX 471 DAYTONA BEACH, FL 32115-0471
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02072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3595778	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SEITZ, WILLIAM H 662 NEEDLERUSH ROAD PORT ORANGE, FL 32127

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 _____
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, 2004**

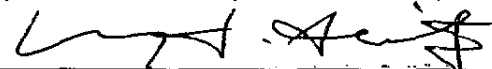
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEITZ, WILLIAM H 662 NEEDLERUSH ROAD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRESHER, FREDERICK H III 1903 NORTH PENINSULA DRIVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLODINSKY, RICK 1305 ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-11-03