2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000004611

1. Entity Name
ONE BY ONE, L.L.C.

Principal Place of Business	Mailing Address
318 W. MANGO STREET LANTANA, FL 33462	318 W. MANGO STREET LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

04052004 No Chg-LLC   -- CR2E083 (10/03)

4. FEI Number	Applied For
65-0941736	Not Applicable

5. Certificate of Status Desired	☒	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G
4400 PGA BLVD
PALM BEACH GARDENS, FL 33410

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

U000001107082
04/08/04--30042-015 55.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCRADY, JUDITH A
STREET ADDRESS	318 W. MANGO STREET
CITY-ST-ZIP	LANTANA, FL 33462

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Judith A. McCrady*   Judith A. McCrady   4-5-2004   561-582-2436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #