


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90215 038 ****50.00

DOCUMENT # L99000005106 1. Entity Name FIRST SERVICE JOINT VENTURE, L.L.C.																																																																																																																																																											
Principal Place of Business 700 ATLANTIS ROAD MELBOURNE FL 32904			Mailing Address P.O. BOX 99 MELBOURNE FL 32902-0099																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent FIRST SERVICE ADVISORS, CORP. 700 ATLANTIS ROAD MELBOURNE FL 32902-0099				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM <input type="checkbox"/> Delete</td> <td style="width: 30%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>FIRST SERVICE ADVISORS CORP.</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 99</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32902-0099</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td>LAIKIN, ANDREW R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 99</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32902-0099</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	FIRST SERVICE ADVISORS CORP.		NAME			STREET ADDRESS	P.O. BOX 99		STREET ADDRESS			CITY-ST-ZIP	MELBOURNE FL 32902-0099		CITY-ST-ZIP			TITLE	MGRM <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	LAIKIN, ANDREW R		NAME			STREET ADDRESS	P.O. BOX 99		STREET ADDRESS			CITY-ST-ZIP	MELBOURNE FL 32902-0099		CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Andrew R. Laikin</i> Managing Member 3/4/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											

24000000



MOORE CR2E083 (11/03)

FL Zip Code

Date Daytime Phone #