2004 LIMITED LIABILITY COMPANY

FILED Apr 26, 2004 08:00 AM

ANNUAL REPORT				Secretary of State	
1. Entity Nan	MENT # L990000	05346		\ 	ceretary or state
1301 RIVER	ce of Business PLACE BLVD., STE 1840 LE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., STE JACKSONVILLE, FL 32207	1840	 	ESTIL ESTA ESTAL ENTE HAC AND ANDE ANDES IN CER
DO NOT WRITE IN THIS SPA			CE	02112004 No Chg-LLC	CR2E083 (10/03)
				NOT APPLICABLE 5. Certificate of Status Desired	Not Applicable
6. Name and Address of Current Registered Agent BARRY B. ANSBACHER, P.A. 1301 RIVERPLACE BLVD STE 2450 JACKSONVILLE, FL 32207				DO NOT V IN THIS S	
8. The above the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered a	OIL for the purpose of changing its register	ad office or register		Florida. I am familiar with, and accept
Filing Fee is \$50.00 Due by May 1, 2004				U0000 04.426.404	0128832 -80053-013 5 0,00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEN MGR COMMERCIAL FLORIDA RE 1301 RIVERPLACE BLVD., S JACKSONVILLE, FL			07/ 25/01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V IN THIS S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

PETER J. APOL

4/22/02

Daytime Phone #