
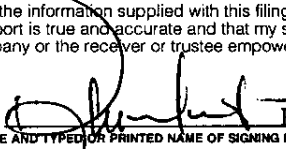


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90233 023 ****50.00

DOCUMENT # L99000006167 1. Entity Name BRICKYARD VILLAGE PARTNERS LLC					
Principal Place of Business 6950 PHILLIPS HWY, STE 15 JACKSONVILLE, FL 32216			Mailing Address 6950 PHILLIPS HWY, STE 15 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State D.		4. FEI Number 59-3604251	
City & State Zip Country		City & State D.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent:			7. Name and Address of New Registered Agent		
MORALES JR, RICARDO 6950 PHILLIPS HWY, STE 15 JACKSONVILLE, FL 32216			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORALES JR, RICARDO 6950 PHILLIPS HWY, STE 15 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN J 6950 PHILLIPS HWY, SUITE 6 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN J 6950 PHILLIPS HWY, SUITE 6 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN J 6950 PHILLIPS HWY, SUITE 6 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, JOHN J 6950 PHILLIPS HWY, SUITE 6 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
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:  R. Morales, Jr Managing Member Date 3/10/04 Daytime Phone # 904-296-3232					