


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90353 036 ****50.00

DOCUMENT # L99000008265 1. Entity Name ONLINENEIGHBORHOOD.COM, LLC					
Principal Place of Business 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246			Mailing Address 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246		
2. Principal Place of Business Suite, Apt. #, etc. Suite 120		3. Mailing Address Suite, Apt. #, etc. Suite 120		02112004 Chg-LLC CR2E083 (10/03)	
City & State 		City & State 		4. FEI Number 65-0975429	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RHODES, PAUL 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGRM RHODES, PAUL 500 AUSTRALIAN AVE SO., #110 W. PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 Australian Ave So #120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/15/04 Daytime Phone #	