

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2004 SEP -9 A 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

~~63-1234133~~ 90-0125642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AVERETT, JOHN 2875 SOUTH OCEAN BLVD., STE. 200-29 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MCCLURE, MIKE 2875 SOUTH OCEAN BLVD. STE. 200-29 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BEAN, F. RAYMOND 2875 SOUTH OCEAN BLVD. STE. 200-29 PALM BEACH, FL 33480
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09/29/04--01058--005 **400.00

**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: _____

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

9-7-04 (205) 798-7766

Date

Daytime Phone #