

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90011 028 ****50.00

DOCUMENT # M03000001548

1. Entity Name
 MLP FLORIDA DEVELOPMENT, L.L.C.



Principal Place of Business
 607 SOUTH LINDBERGH BLVD.
 ST. LOUIS, MO 63131

Mailing Address
 607 SOUTH LINDBERGH BLVD.
 ST. LOUIS, MO 63131

DO NOT WRITE IN THIS SPACE



03312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2093355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

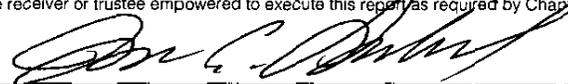
Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEIBOLD, JOE 607 SOUTH LINDBERGH BLVD. ST. LOUIS, MO 63131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTA, JOHN 607 SOUTH LINDBERGH BLVD. ST. LOUIS, MO 63131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCURDY, STAN 607 SOUTH LINDBERGH BLVD. ST. LOUIS, MO 63131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(l), 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:  **561.863.4478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #