


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004965
 1. Entity Name
WASAT, LLC



Principal Place of Business 2150 WHITFIELD AVE. SARASOTA, FL 34243	Mailing Address 2150 WHITFIELD AVE. SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE

01292004 No Chg-LLC CR2E083 (10/03)

4. FE# Number 65-1103581	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

CARTER, WEBB G
 2150 WHITFIELD AVE.
 SARASOTA, FL 34243

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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

U00000053472
02/16/04-80133-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, WEBB G 2150 WHITFIELD AVE. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, T. J. 1945 17TH ST. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(j), 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: *T. J. Richardson* 2/16/04 941-751-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #