2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2004 8:00 am Secretary of State

1. Entity Nar	MENT # L01000007	'745		0.	3-23-2004 900	70 049 **	**55.00
	e of Business LORIDA AVE., STE. 202 33613	Mailing Address 15438 N. FLORIDA TAMPA, FL 33613	AVE., STE. 202		2402	7752	
2. Principal F 2901 U Suite, Apt	. #, etc.	3. Mailing Address 2501 West Suite, Apt. #, etc.	Busch Blue	03162004 Chg-	LLC CR2E	E083 (10/03)	11981 111 1981
City & Star		City & State	51	4. FEI Number			pplied For
<u> </u>	Country	Zip C	Country	36-4491916 5. Certificate of Status	Danirad W	\$5.00 Ad	ot Applicable ditional
<u> 3501</u>	6. Name and Address of Current	33018 Registered Agent	USA	7. Name and Address		Fee Require	
KUNKEL I	MICHAEL R ESQ. MILLER & HAMENT FLORIDA AVE., STE. 202 L 33613		Street Address 2901		tone	707	
,			CityTan	. 00	F	Zip Coo	le, O
SIGNATURE	I wanted	-1 -4/~ M	Marine Mem	1.2	7///. /AU		
· · · F	Signature, typed or inted name of registered agent illing Fee is \$50.00 ue by May 1, 2004		OTE: Gurpistered Agent signature requi	red when reinstating)	Make check Florida Departs	payable to	e
· · · F	iling Fee is \$50.00	and title II applicable. (N			Make check	payable to ment of Stat	e
F	lling Fee Is \$50.00 ue by May 1, 2004	and stie if epplicable. / (N	OTE: Quf uistere 9 Agent signature requi		Make check Florida Departi	payable to ment of Stat	●
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM FIRSTONE, GREGORY PHD 2901 WEST BUSCH BLVD. STE	and the if applicable. (N	OTE: Quistere 9 Agent signature requi 10. TITLE NAME STREET ADDRESS		Make check Florida Departi	payable to ment of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM FIRSTONE, GREGORY PHD 2901 WEST BUSCH BLVD. STE TAMPA, FL 33612 MGR MILLER, MICHAEL R 15438 NORTH FLORIDA AVENU	and the if applicable. (N	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP		Make check Florida Departi	payable to ment of Stat S	☐ Addition
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