


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90073 007 \*\*\*\*50.00

|   |                       |   |  |   |                                   |
|---|-----------------------|---|--|---|-----------------------------------|
| <b>DOCUMENT # L01000010787</b>  |                       |   |  |  |                                   |
| 1. Entity Name<br><b>EQUIFLOR CENTRAL FLORIDA PARTNERS, LLC</b>   |                       |   |  |   |                                   |
| Principal Place of Business<br>2120 SW 55 STREET RD.<br>OCALA FL 34480  |                       | Mailing Address<br>2120 SW 55 STREET RD.<br>OCALA FL 34480                                      |  |   |                                   |
| 2. Principal Place of Business  |                       | 3. Mailing Address  |  |   |                                   |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.   |  |   |                                   |
| City & State  |                       | City & State  |  | 4. FEI Number<br><b>59-3725808</b>  |                                   |
| Zip   |                       | Country   |  | Applied For<br>Not Applicable   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |   |                                   |
| 6. Name and Address of Current Registered Agent   |                       |   | 7. Name and Address of New Registered Agent        |   |                                   |
| <b>KLEIN, H. RANDOLPH</b><br><b>333 NW 3 AVENUE</b><br><b>OCALA FL 34470</b>  |                       |   | Name   |   |                                   |
|   |                       |   | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |
|   |                       |   | City   |   |                                   |
|   |                       |   | <b>FL</b> Zip Code                                 |   |                                   |
| 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 _____   |                       |   |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |                       |   |  |   |                                   |
| 9. MANAGING MEMBERS/MANAGERS  |                       |   | 10. ADDITIONS/CHANGES                              |   |                                   |
| TITLE   | MGRP                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | SARANDES, ANTHONY A   |   | NAME   |   |                                   |
| STREET ADDRESS  | 2120 SW 55 STREET RD. |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   | OCALA FL 34480        |   | CITY-ST-ZIP  |   |                                   |
| TITLE   | T                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ELLSPERMANN, CARL     |   | NAME   |   |                                   |
| STREET ADDRESS  | 2120 SW 55 ST RD      |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   | OCALA FL 34474        |   | CITY-ST-ZIP  |   |                                   |
| TITLE   | S                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | CHAMBLESS, CHARLOTTE  |   | NAME   |   |                                   |
| STREET ADDRESS  | 2120 SW 55 ST RD      |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   | OCALA FL 34474        |   | CITY-ST-ZIP  |   |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME   |   |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP  |   |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME   |   |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP  |   |                                   |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                       |   | NAME   |   |                                   |
| STREET ADDRESS  |                       |   | STREET ADDRESS                                     |   |                                   |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP  |   |                                   |
| 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: <i>Anthony A. Sarandes</i>   |                       |   |  | Date: <i>1/27/04</i>  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                       |   |  | Daytime Phone #   |                                   |