


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000014596  
 1. Entity Name  
 WALTER E. TOWSLEE LLC



Principal Place of Business      Mailing Address  
 7136 VICTORIA CIRCLE      7136 VICTORIA CIRCLE  
 UNIVERSITY PARK, FL 34201      UNIVERSITY PARK, FL 34201

**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-1131731	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCOVILL, H. WILLIAM  
 1605 MAIN ST., STE. 912  
 SARASOTA, FL 34236

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

L01000014596  
 04/26/04-80044-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TOWSLEE, WALTER E 7036 VICTORIA CIRCLE UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TOWSLEE, JANE R 7136 VICTORIA CIRCLE UNIVERSITY PARK, FL 34201
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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)(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: *Walter E. Towslee* WALTER E. TOWSLEE      4/22/04      941-351-4138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #