
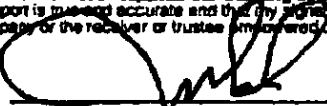


L02000001276

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 26 PM 1:23

**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L02000001276			
1. Entity Name 11-2001 L.C.			
Principal Place of Business 3333 NORTH MAIN ST. JACKSONVILLE, FL 32206		Mailing Address 707 S. WASHINGTON BLVD. SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-0032813		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		08032004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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		DATE	
Signature, hand or printed name of registered agent and date if applicable		NOTE: Registered Agent signature required when re-electing	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1099 MGMT COMPANY, LLC	NAME	
STREET ADDRESS	707 S. WASHINGTON BLVD	STREET ADDRESS	700040580317
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	08/27/04--01036--005 **\$5.00
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSCH, JOHN E	NAME	John E. Tosch
STREET ADDRESS	707 SO. WASHINGTON BLVD	STREET ADDRESS	707 S. Washington Blvd.
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34236
TITLE	F <input type="checkbox"/> Delete	TITLE	Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARVAEZ, CHRISTOPHER R	NAME	Chris Narvaez
STREET ADDRESS	707 SO. WASHINGTON BLVD	STREET ADDRESS	707 S. Washington Blvd.
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vernon G. Buchanan
STREET ADDRESS		STREET ADDRESS	707 S. Washington Blvd.
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> Delete	TITLE	General Manager/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sam Khazrwan
STREET ADDRESS		STREET ADDRESS	707 S. Washington Blvd
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> Delete	TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dennis Sister
STREET ADDRESS		STREET ADDRESS	707 S. Washington Blvd.
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34236
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(U), 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: 		8/3/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Daytime Phone # 941-366-5230	