

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019557

FILED
Apr 29, 2004
Secretary of State

Entity Name: GARDNER & ROBBINS CPA, LLC

Current Principal Place of Business:

6849 NW 173RD DRIVE
207
MIAMI, FL 33015

New Principal Place of Business:

2081 RENAISSANCE BLVD.
104
MIRAMAR, FL 33025

Current Mailing Address:

PO BOX 693458
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 75-3087462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, STEVE
620 SW 111TH AVENUE
106
MIAMI, FL 33025 US

Name and Address of New Registered Agent:

GARDNER, STEVE
PO BOX 693458
MIAMI, FL 33269 US

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARDNER, STEVE L
Address: 620 SW 111TH AVENUE #106
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: ROBBINS, JACQUELINE A
Address: 6849 NW 173RD DRIVE #207
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARDNER, STEVE L
Address: PO BOX 693458
City-St-Zip: MIAMI, FL 33269

Title: MGRM (X) Change () Addition
Name: ROBBINS, JACQUELINE A
Address: PO BOX 693458
City-St-Zip: MIAMI, FL 33269

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACQUELINE ROBBINS

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date