

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027883

**FILED**  
**Apr 13, 2004**  
**Secretary of State**

**Entity Name:** E. BRUCE STRAYHORN P.L.

**Current Principal Place of Business:**

2125 FIRST STREET STE. 200  
FORT MYERS, FL 33901

**New Principal Place of Business:**

2125 FIRST STREET  
SUITE 200  
FORT MYERS, FL 33901

**Current Mailing Address:**

2125 FIRST STREET STE. 200  
FORT MYERS, FL 33901

**New Mailing Address:**

2125 FIRST STREET  
SUITE 200  
FORT MYERS, FL 33901

FEI Number: 03-0508903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRAYHORN, E. BRUCE  
2125 FIRST STREET STE. 200  
FORT MYERS, FL 33901

**Name and Address of New Registered Agent:**

STRAYHORN, E. BRUCE  
2125 FIRST STREET  
SUITE 200  
FORT MYERS, FL 33901

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: E. BRUCE STRAYHORN

04/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: STRAYHORN, E. BRUCE  
Address: 2125 FIRST STREET, SUITE 200  
City-St-Zip: FORT MYERS, FL 33901

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: E. BRUCE STRAYHORN

MGRM

04/13/2004

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