


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90215 039 ****50.00

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DOCUMENT # L03000014679			
1. Entity Name STORE APPLICATIONS, LLC			
Principal Place of Business 30043 US 19 N. #130 CLEARWATER, FL 33761		Mailing Address 30043 US 19 N. #130 CLEARWATER, FL 33761	
2. Principal Place of Business <i>28870 US 19N</i>		3. Mailing Address <i>28870 US 19N</i>	
Suite, Apt. #, etc. <i>300</i>		Suite, Apt. #, etc. <i>300</i>	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater, FL</i>	
4. FEI Number <i>45-0511453</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGEL, EDUARD 3546 LAKE HIGHLAND DR PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<i>Pres</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ed Bogel</i>	NAME	
STREET ADDRESS	<i>3546 LAKE HIGHLAND DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Palm Harbor, FL 34683</i>	CITY-ST-ZIP	
TITLE	<i>Vice President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Trevor Kennedy</i>	NAME	
STREET ADDRESS	<i>Silver Trail Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL</i>	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>Ed Bogel</i>		Date: <i>3/19/04</i> Daytime Phone #: <i>727 787 7979</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			