

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Apr 23, 2004 8:00 am
Secretary of State

04-13-2004 90329 001 ****50.00

DOCUMENT # L03000026591	
1. Entity Name 391 34TH STREET, LLC	

34004006



Principal Place of Business 965 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695	Mailing Address 965 SOUTH BAYSHORE BLVD. SAFETY HARBOR, FL 34695
--	--

2. Principal Place of Business		3. Mailing Address 2110 DREW STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEARWATER, FL	
Zip	Country	Zip 33705	Country

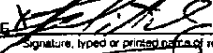
04062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0172856	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent JENNEWEIN, JONATHAN P 101 E. KENNEDY BLVD., STE. 3700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name GREGORY POLITIS Street Address (P.O. Box Number is Not Acceptable) 2110 DREW ST City CLEARWATER FL Zip Code 33705	
--	--	---	--

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 **4/6/04**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER GREGORY POLITIS 965 S. Bayshore Blvd Safety Harbor, FL 34695 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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  **GREGORY POLITIS** DATE **4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE