

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

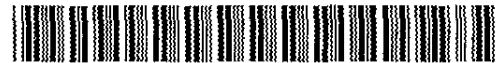
DOCUMENT # L99000000268

1. Entity Name
1301 ASSOCIATES, L.C.



Principal Place of Business
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

Mailing Address
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205



04152004No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-0879319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, ROBERT W
1206 MANATEE AVENUE WEST
BRADENTON, FL 34205

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000119567
04/19/04-80105-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
VARNADORE, DON
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PARENT, BURDETTE R JR.
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
HOFFNER, DALE
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KING, JEFF
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
MASCIO, GINA
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
STATHIS, STAM
1301 SIXTH AVE. W., SUITE 600
BRADENTON, FL 34205

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] JEFFREY L. KING, MEMBER 4/19/04 941 747-4483