


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90100 009 ****50.00

DOCUMENT # L03000038787					
1. Entity Name 100 NORTH WASHINGTON, LLC					
Principal Place of Business 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236			Mailing Address 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0297877		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 PALERMO, GEORGE L 100 N. WASHINGTON BLVD., STE. 301 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGR GEORGE PALERMO 100 N. WASHINGTON BLVD., STE 301 SARASOTA, FL 34236			MGR GEORGE PALERMO 100 N. WASHINGTON BLVD., STE 301 SARASOTA, FL 34236		
MGR DIANE NICHOLS 100 N. WASHINGTON BLVD., STE 301 SARASOTA, FL 34236			MGR DIANE NICHOLS 100 N. WASHINGTON BLVD., STE 301 SARASOTA, FL 34236		
MGR 			MGR 		
MGR 			MGR 		
MGR 			MGR 		
MGR 			MGR 		
MGR 			MGR 		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/19/04 9413657229 Daytime Phone #		