2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 26, 2004 8:00 am Secretary of State

DOCUMENT # L0000000412 1. Entity Name 1099 MANAGEMENT CO., L.L.C.					03-26-2004 90160 019 ****55.00					
Principal Place of Business Mailing Address						24U2J40 7				
707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236		707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236								
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2. Principal Place of Business		3. Mailing Address					JUN 6011 BAN 6611 BAN		HENN BALLAN NA NA	16
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192004	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State			4. FEI Numbe 65-1094			⊢	oplied For at Applicable	
Zip	Country	Zip	Coun	itry		5. Certificate	of Status Desired	×	\$5.00 Add Fee Require	litional d
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New R	legistered	Agent	
TOCOLL	21N F 560			Name						
707 SOUT	OHN E ESQ. H WASHINGTON BLVD. A, FL 34236	Street Address			ddress ((P.O. Box Number is Not Acceptable)				
				City				_ FI		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. Lan	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTI	E: Registere	ed Agent signate	ure required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2004		. ,,,,						payable to ment of State	e
		RS/MANAGERS	10.					a Departi	ment of State	ə
9. TITLE	we by May 1, 2004 MANAGING MEMBE MGRM	RS/MANAGERS Delete	TITL	£			Florida	a Departi	ment of State	a □ Addition
9. TITLE NAME	MANAGING MEMBE MGRM BUCHANAN, VERNON G	☐ Delete	TITL	E AE			Florida	a Departi	ment of State	
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the informatic 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, Rorida Statutes.

3-23-04 SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #