

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-26-2004 90160 019 ****55.00

DOCUMENT # L00000000412

1. Entity Name
1099 MANAGEMENT CO., L.L.C.



Principal Place of Business
707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236

Mailing Address
707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236

64060407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1094486

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOSCH, JOHN E ESQ.
707 SOUTH WASHINGTON BLVD.
SARASOTA, FL 34236

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

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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BUCHANAN, VERNON G
STREET ADDRESS 707 SOUTH WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME ROSA, SALVATORE
STREET ADDRESS 12710 ROCKROSE GLEN
CITY-ST-ZIP BRADENTON, FL 34202

TITLE T ☐ Change ☒ Addition
NAME Narvaez, Christopher R.
STREET ADDRESS 707 So. Washington Blvd.
CITY-ST-ZIP Sarasota, FL 34236

TITLE VS ☐ Delete
NAME TOSCH, JOHN E
STREET ADDRESS 707 SOUTH WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

3-23-04