2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90250 050 ***150.00

DOCUMENT # F47892 1. Entity Name TANDEM MANAGEMENT CORP.					04-30-20	004 9025	0 050 ***	150.00
Principal Place of Business 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236 US Address 395 COMMERCIAL CT STE A VENICE, FL 34293 US				94075489				
2. Principal Place of Business 3. Mailing Address 3.3 S. Tamiami T Suite, Apt. #, etc. Suite, Apt. #, etc.					 	!		
City & State	Suite 101 City & State			01152004 4. FEI Numb	Chg-P er	CR2E0	34 (10/03) Ap	plied For
Zip Country	Venice, FL	Country		59-213	1128		No \$8.75 Add	t Applicable
6. Name and Address of Current	34285 Registered Agent	<u> </u>		L	of Status Desired Address of New		Fee Required	j [.]
BAND, DAVID S			<u></u>				<u></u>	
240 S. PINEAPPLE AVE. 10TH FLOOR			Address (P.O. Box Numb	er is Not Acceptab	le)		
SARASOTA, FL 34236		City	 -			FL	Zip Code	
The above named entity submits this statement f the obligations of registered agent.	or the purpose of changing its	registered office	or register	red agent, or bo	th, in the State of F		amiliar with,	and accept
SIGNATURE								
Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent sign	ature required	d when reinstating)	···	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cont		\$5. Add	.00 May Be led to Fees				
10. OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
NAME BAND, DAVID S STREET ADDRESS 240 S. PINEAPPLE AVE., 10TH CITY-ST-ZIP SARASOTA, FL 34236	FL. Delete	NAME STREET ADDRESS - CITY-ST-ZIP	;				☐ Change	☐ Addition
TITLE VSD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333		er, Michae iami Trail 34285		Change e 101	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			<u></u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				Change	☐ Addition
12. I hereby certify that the information subplied wi indicated on this report or supplemental aport of the corporation or the receiver or trostee the changed, or on an attachment with an address SIGNATURE:	th this filling does not disalify to is true and accurate spot that owered to execute his repor- tion all other like empowered	or the exemption s my signature shall a stequired by	tated in 66 bave the hapter 60	ection 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes ct as if made unde es; and that my nate			