

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K43711

Entity Name: L.L.C., INC.

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

11307 N. 52ND STREET
P.O. BOX 16966
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

% GEORGE L. SOUTHWORTH
P.O. BOX 16966
TAMPA, FL 33687 US

New Mailing Address:

FEI Number: 59-2915510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOUTHWORTH, GEORGE L.
11307 N. 52ND STREET
STE. 100
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SOUTHWORTH, GEORGE L.
Address: 11307 N. 52ND STREET
City-St-Zip: TAMPA, FL 33617

Title: ST () Delete
Name: GAIL, THOMAS
Address: 9329 FAIRWAY LAKES CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SOUTHWORTH, GEORGE L
Address: 11307 N. 52ND STREET
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL THOMAS

ST

02/19/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date