2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000296

1. Entity Name
BICE COLE LAW FIRM, P.L.

Principal Place of Business	Mailing Address
1333 S.E. 25TH LOOP, SUITE 101 OCALA, FL 34471	1333 S.E. 25TH LOOP, SUITE 101 OCALA, FL 34471

01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615680
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLENNY, DAVID A
1333 S.E. 25TH LOOP, SUITE 101
OAKHURST PROFESSIONAL PARK
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BICE, JEAN A
STREET ADDRESS	1333 S.E. 25TH LOOP, SUITE 101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	COLE, SUSAN J
STREET ADDRESS	2801 PONCE DE LEON BLVD., SUITE 550
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	GLENNY, DAVID A
STREET ADDRESS	1333 S.E. 25TH LOOP, SUITE 101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	SANDERS, GARY L
STREET ADDRESS	1333 S.E. 25TH LOOP, SUITE 101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	REICHERT, SCOTT G
STREET ADDRESS	1333 S.E. 25TH LOOP, SUITE 101
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGRM
NAME	DAVIS, MARCIA
STREET ADDRESS	15316 NW 140TH STREET
CITY-ST-ZIP	ALACHUA, FL 32617

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01/22/04-80019-012 50.00

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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: _____ 1-19-04 352-732-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #