2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-26-2004 90134 034 ****50.00

DOCUMENT # L00000002338

1. Entity Name
TORCH INVESTMENTS, L.L.C.

Principal Place of Business
1800 SECOND STREET, SUITE 975
SARASOTA, FL 34236

Mailing Address
P.O. BOX 2899
SARASOTA, FL 34230

07202004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, CHARLES H
1748 INDEPENDENCE BLVD., SUITE B-5
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET, SUITE 975

City SARASOTA FL Zip Code 34236

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] 7/21/04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORRIS, ROBERT A		NAME	
STREET ADDRESS	1748 INDEPENDENCE BLVD., SUITE B-5		STREET ADDRESS	1800 SECOND STREET, SUITE 975
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORRIS, CHARLES H		NAME	
STREET ADDRESS	1748 INDEPENDENCE BLVD., SUITE B-5		STREET ADDRESS	1800 SECOND STREET, SUITE 975
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34236
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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] 07/21/04 941-556-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #