FILED
Jan 16, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002687

1. Entity Name
ATTRIDGE, COHEN & LUCAS, P.L.

Principal Place of Business	Mailing Address
7136 LITTLE RD. NEW PORT RICHEY, FL 34654	7136 LITTLE RD. NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E063 (10/03)

4. FEI Number
59-3635417
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, JEFF
7136 LITTLE RD.
NEW PORT RICHEY, FL 34654

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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	P
NAME	ATTRIDGE, ROBERT W JR
STREET ADDRESS	7136 LITTLE RD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	VP
NAME	LUCAS, JEFF
STREET ADDRESS	7136 LITTLE RD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	S
NAME	COHEN, AMY G
STREET ADDRESS	7136 LITTLE RD.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80047-025 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: JEFF LUCAS 1/12/04 (727) 849-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #