


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 010 ****50.00

DOCUMENT # L00000002835					
1. Entity Name THE FLORIDA LAW FIRM, PLC					
Principal Place of Business 1999 W. COLONIAL DRIVE, #213 ORLANDO, FL 32804			Mailing Address P.O. BOX 1847 ORLANDO, FL 32802-1847		
2. Principal Place of Business 1990 W. Fairbanks Ave.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Park, Florida		City & State		4. FEI Number 59-3631417	
Zip 32789		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARUGU, ODIATOR 1999 W. COLONIAL DRIVE, #213 ORLANDO, FL 32804			7. Name and Address of New Registered Agent		
ARUGU, ODIATOR 1999 W. COLONIAL DRIVE, #213 ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) 1990 W. Fairbanks Avenue City Winter Park FL Zip Code 32789		
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 <u>Sy</u> DATE <u>4/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARUGU, ODIATOR 1999 W. COLONIAL DRIVE, #213 ORLANDO, FL 32804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1990 W. Fairbanks Ave. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Sy</u> DATE <u>4/5/04</u> (407) 644-0164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					