


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000004666 1. Entity Name TREDALIGN, LLC	
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Principal Place of Business 4111 N JOHN YOUNG PARKWAY, BAY 1 ORLANDO, FL 32804	Mailing Address 201 ESTATE DRIVE SOUTH MANDEVILLE, LA 70448
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3649120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

6. Name and Address of Current Registered Agent

NICHOLSON, KENT
4111 N. JOHN YOUNG PKWY
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000054008
02/16/04-80155-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NEWTON, LESTER D 201 ESTATE DR. S MANDEVILLE, LA 70448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NEWTON, ANNETTE W 201 ESTATE DRIVE SOUTH MANDEVILLE, LA 70448
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Annette W. Newton 2/12/04 985-624-2865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #