


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004707 1. Entity Name LEVIN TANNENBAUM WOLFF BAND GATES & PUGH, P.L.	
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Principal Place of Business 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236	Mailing Address 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236
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01072004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVIN, JEROME S 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVIN & TANNENBAUM, P.A. 1680 FRUITVILLE ROAD STE 102 SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #