


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90348 020 ****50.00

DOCUMENT # L00000006268						
1. Entity Name ROYAL PASCO, LLC						
Principal Place of Business 5711 U.S. HWY 19, NORTH NEW PORT RICHEY, FL			Mailing Address 5711 U.S. HWY 19, NORTH NEW PORT RICHEY, FL			
2. Principal Place of Business 703 SALT LAKE DR		3. Mailing Address 703 SALT LAKE DR				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL		4. FEI Number 45-4990136		
Zip 34689		Country Pinellas		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent EKONOMIDES, NICKOLAS C EKONOMIDES & ASSOCIATES, P.A. 201 EAST KENNEDY BOULEVARD, SUITE 1130 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: Larry C. Schaller Street Address (P.O. Box Number is Not Acceptable): 5320 MAIN ST City: New Port Richey FL Zip Code: 34652			
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>Larry C. Schaller</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 P	NAME KARAMOUNTZOS, SAM		<input type="checkbox"/> Delete	TITLE 	NAME 703 SALT LAKE DR	
STREET ADDRESS 5711 US HWY 19 N	CITY-ST-ZIP NEW PORT RICHEY, FL 34652		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	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: <u>[Signature]</u>			Date: <u>Mar 28/04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>			

24036481



02262004 Chg-LLC CR2E083 (10/03)