2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # L00006007740					7 F	Feb 02, 2004 08:00 AM			
1. Entity Name					À	Secreta	ry of S	tate	
DOROTH	Y CLARK ENTERPRISES, L.	L.C.							
Principal Plac	e of Business	Mailing Address		<u> </u>	7				
5501 3RD WAY N ST PETERSBURG FL 33703		5501 3RD WAY N ST PETERSBURG FL	5501 3RD WAY N ST PETERSBURG FL 33703						
				-					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)				
City & State		City & State		- · · · · · · · · · · · · · · · · · · ·	4. FEI Nur	59-368940	16		plied For Applicable
Zip	Country	Zφ	Cour	ntry	5. Certifica	ate of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name a	nd Address of New	Registered A	gent	
SKA	ALSKI, JOSEPH C			Name					
14010 ROOSEVELT BLVD SUITE 708				Street Address (P.O. Box Number is Not Acceptable)					
CLE	ARWATER FL 33762			City			FL	Zip Cod	e
	named entity submits this statement fillions of registered agent.	or the purpose of changing it	s register	ed office or registe	ered agent, or	both, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Register	nd Agent signature requir	ed witen reinstation)		DATE		
				FEE IS \$50.00		T			
		Make Check Payal				U00000002	5164		
		Dı	e By M	ay 1, 2004		02/02/04-80	095-003	50.00	•
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGR	☐ Defete	गहर	ľ				☐ Change	☐ Addition
NAME STREET ADDRESS	CLARK, DOROTHY		NAM STRI	TE EET ADDRESS					
CATY-ST-ZIP	ST PETERSBURG FL 33703			-ST-ZIP					
TATLE		☐ Defele	THE	E			<u> </u>	☐ Change	☐ Addition
NAME			MAN	· {					
STREET ADDRESS CITY+ST-ZIP	- Arriva		- 1	EET AODRESS (-ST-ZIP					
	-	□ Delete					·	C7 Chanan	Addition
ritle Name	•	☐ Delete	TITL NAN					Change	T Noneous
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			Caty	-ST-ZIP					
TITLE		☐ Delete	181					Change	Addition
NAME			NAM	i i		·			
STREET ADDRESS CETY-ST-ZIP			- 1	EET ADDRESS '-ST-ZIP					
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NAME			NAM	NE .					
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP				· S1 · Z%P		<u></u>	·		
TITLE		Delete	THIL NAM					Change	Addition
NAME. STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			- 1	-ST-ZIP					
11. I hereby a indicated limited lia	certify that the information supplied with on this report is true and accurate and albility company or the receiver or truste	h this filing does not qualify to I that my signature shall have se empowered to execute this	or the exe the sam report a	emption stated in S e legal effect as it s required by Cha	Section 119.07 made under o	(3)(i), Florida Statutes eath; that I am a mani da Statutes.	. I further cert aging membe	ify that the in ir or manage	nformation er of the

What Clark - DOROTHY CLARK 1-36-04 737-536-7313

RINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Davigne Phone #

FILED