

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008470

FILED
Apr 29, 2004
Secretary of State

Entity Name: SLAP FORT PIERCE, LLC

Current Principal Place of Business:

217 E OCEAN BLVD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

217 E OCEAN BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1051159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAZI, LEIF J
217 E OCEAN BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: GRAZI, LEIF J
Address: 217 E. OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: GIANNO, PETER T
Address: 217 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SAPANARG, MARJORIE
Address: 217 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAZI, LEIF J
Address: 217 E. OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: MGR (X) Change () Addition
Name: GIANNO, PETER T
Address: 217 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: MGR (X) Change () Addition
Name: SAPANARG, MARJORIE
Address: 217 E. OCEAN BLVD
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LEIF J. GRAZI

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date