

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008820

FILED  
Mar 17, 2004  
Secretary of State

Entity Name: ABC SARASOTA BRADENTON, LLC

## Current Principal Place of Business:

6005 24TH STREET EAST  
BRADENTON, FL 34203

## New Principal Place of Business:

## Current Mailing Address:

6005 24TH STREET EAST  
BRADENTON, FL 34203

## New Mailing Address:

FEI Number: 65-1023136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: HOCKETT, MICHAEL D  
Address: 3707 72ND AVE CIRCLE EAST  
City-St-Zip: SARASOTA, FL 34243

Title: MGR ( ) Delete  
Name: MISKOTTEN, CARL  
Address: 1919 S. POST RD  
City-St-Zip: INDIANAPOLIS, IN 46239

Title: MGR ( ) Delete  
Name: KNOX, TRENT  
Address: 1919 S. POST RD  
City-St-Zip: INDIANAPOLIS, IN 46239

Title: MGR ( ) Delete  
Name: WECHTER, LARRY  
Address: 1919 S. POST RD  
City-St-Zip: INDIANAPOLIS, IN 46239

Title: MGR ( ) Delete  
Name: WILLIAMS, JERRY  
Address: 1919 S. POST RD  
City-St-Zip: INDIANAPOLIS, IN 46239

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL D HOCKETT

MGR

03/17/2004

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