

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90063 010 \*\*\*\*50.00

DOCUMENT # L00000011224

1. Entity Name  
FINANCIAL RESOURCES, LC



Principal Place of Business  
5487 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

Mailing Address  
5487 JET PORT INDUSTRIAL BLVD.  
TAMPA, FL 33634

64000001



2. Principal Place of Business  
5487 JET PORT INDUSTRIAL BLVD  
Suite, Apt. #, etc. BLVD

3. Mailing Address  
5487 JET PORT INDUSTRIAL BLVD  
Suite, Apt. #, etc. BLVD

04282004 Chg-LLC CR2E083 (10/03)

City & State  
TAMPA FL

City & State  
TAMPA FL

4. FEI Number  
59-3672488

Applied For  
Not Applicable

Zip  
33634

Country  
US

Zip  
33634

Country  
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODGES, GEOFFREY ESQ.  
905 SHADED WATER WAY  
LUTZ, FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGR  
NAME HODGES, GEOFFREY T  
STREET ADDRESS 5487 JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS 5487 JET PORT INDUSTRIAL BLVD  
CITY-ST-ZIP TAMPA FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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:

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

4/28/04

Date

813-886-7770

Daytime Phone #

G.T. Hodges