



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013353						<p>FILED</p> <p>04 SEP -9 PM 1:51</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 			
1. Entity Name SPECIAL SERVICES, LLC				Principal Place of Business 1403 MACLAY COMMERCE DR TALLAHASSEE, FL 32312				Mailing Address P.O. BOX 3454 TALLAHASSEE, FL 32303	
2. Principal Place of Business		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		09092004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 59-3683309		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent	
FARRAND, TAD C 1403 MACLAY COMMERCE DR. TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____				Filing Fee is \$50.00 Due by September 8, 2004	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				Make check payable to Florida Department of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRAND, TAD C <input type="checkbox"/> Delete P.O. BOX 3454 TALLAHASSEE, FL 32315			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			600041012386 09/13/04--01072--004 **55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____				9/9/04				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE									