


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014095 1. Entity Name XXI MANAGEMENT, L.L.C.	
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Principal Place of Business 2230 WEST BAY DRIVE STE D LARGO, FL 33770	Mailing Address 2230 WEST BAY DRIVE STE D LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0422866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent:

MARTIN, JOHN P
401 S. LINCOLN AVE.
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

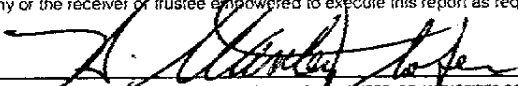
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFER, H. STANLEY 2230 WEST BAY DRIVE, STE D LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOFER, CAROLINE 2230 WEST BAY DRIVE, STE D LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/04-80033-007 50.00

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IN THIS SPACE**

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:  1/5/04 727-585-0305.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #