


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JAN 23 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014400 1. Entity Name TANGALAKIS FAMILY MANAGAMENT, LLC	
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Principal Place of Business 2862 SHADY OAK COURT CLEARWATER, FL 33761	Mailing Address 2862 SHADY OAK COURT CLEARWATER, FL 33761
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01142004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691848	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KALISH, WILLIAM 101 EAST KENNEDY BLVD., TAMPA, FL 33602
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

700028319427
02/06/04--01021--010 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANGALAKIS, NANCY K 2862 SHADY OAK COURT CLEARWATER, FL 33761
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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: *Nancy K Tangalakis Mgrm.* Jan 16 04 727-7964539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #