


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90091 018 \*\*\*\*50.00

DOCUMENT # L00000015593					
1. Entity Name <b>CATHOLICWEB.COM, L.L.C.</b>					
Principal Place of Business <b>500 S LANE DESTINY RD ORLANDO, FL 32810-6249</b>			Mailing Address <b>500 S LANE DESTINY RD ORLANDO, FL 32810-6249</b>		
2. Principal Place of Business <b>500 S. LAKE DESTINY DR.</b>		3. Mailing Address <b>500 S. LAKE DESTINY DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3696320</b>	
Zip <b>32810-6249</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32810-6249</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAZAR, DANIEL D 2153 LEE ROAD WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b> <i>ch 1118</i>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHREINER, DON 108 CHAPMAN AVE. SANFORD, FL 32771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VMGR GALANT, CARL J. 8416 N. INTERREGIONAL HWY. (IH 35) AUSTIN, TX 78753</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMGR ZIELKE, ROBERT JR. 500 S LANE DESTINY RD ORLANDO, FL 328106249</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMGR ZIELKE, Robert, JR. 500 S. LAKE DESTINY DR. ORLANDO, FL 32810-6249</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMGR ZIELKE, Robert, JR. 500 S. LAKE DESTINY DR. ORLANDO, FL 32810-6249</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMGR ZIELKE, Robert, JR. 500 S. LAKE DESTINY DR. ORLANDO, FL 32810-6249</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMGR ZIELKE, Robert, JR. 500 S. LAKE DESTINY DR. ORLANDO, FL 32810-6249</b>	<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: <i>Robert A. Zielke</i> <b>Robert A. Zielke, SMGR.</b> 07/01/04 (407) 660-0001					