


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90290 029 ****50.00

DOCUMENT # L01000000113	
1. Entity Name THE ANGEL MANAGEMENT COMPANY, L.L.C.	

Principal Place of Business 8001 MERRIMOOR BLVD. LARGO, FL 33777	Mailing Address 8001 MERRIMOOR BLVD. LARGO, FL 33777
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14023813

2. Principal Place of Business 709 Villagrande Avenue South Suite, Apt. #, etc.	3. Mailing Address 709 Villagrande Ave. South Suite, Apt. #, etc.
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06102004 Chg-LLC CR2E083 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33707	Zip 33707
Country USA	Country USA

4. FEI Number 02-0561384	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 HANNA, MARGUERITE 8001 MERRIMOOR BLVD. LARGO, FL 33777	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 709 Villagrande Avenue South City St. Petersburg FL Zip Code 33707
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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 September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNA, MARGUERITE 8001 MERRIMOOR BLVD. LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 709 Villagrande Avenue South St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, RAAFAT 8001 MERRIMOOR BLVD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 709 Villagrande Avenue South St. Petersburg, FL 33707
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
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
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
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

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: <u>Rae Hanna</u>	Date <u>6/9/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	