2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000001217 1. Entity Name RICHARDSON PROPERTY MANAGEMENT L.L.C.					04-14-2004 90284 018 ****50.00			
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
111 26TH AV ST. PETERSB	/ENUE N.E. Jurg, Fl. 33704	111 26TH AVENUE N.E. ST. PETERSBURG, FL 33704						
O Directoral Place of Durings								
2. Principal Place of Business 2172 Coffee Pot Blud NE		3. Mailing Address 2172 Coffee Pot NE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 47 6 44 64 4 64 4 64 4 6 44		ABB1 F11 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		041120	04 Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI N	umber 3692122		oplied For ot Applicable	
Zip	Country	Zip	Country		cate of Status Desired	□ \$5.00 Add	ditional	
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Name	and Address of New F	Fee Require Registered Agent	.0	
				Name P. L. D. K?				
	SON, DAN K AVENUE N.E.	Street	Street Address (P.O. Box Number is Not Acceptable)					
ST. PETER	RSBURG, FL 33704-3463		21	2172 Coffee Pot Bluel. NE				
			City CI P		Zip Code			
• The shows	named antity a shmite this statement for	the purpose of changing its		t. reters b				
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 Dan K. Richardson Fresident Secretary L. Ruth 4/11/2004 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2004						te check payable to a Department of Stat	19	
9.	MANAGING MEMBE	LRS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE			☑ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RICHARDSON, DAN K 111 26TH AVENUE N.E. ST. PETERSBURG, FL 3370434	63 -	NAME STREET ADDRESS CITY-ST-ZIP	2172 Coff St. Petersb	FEE Pot Blud. urg, FL 337	NE 94		
TITLE	MGR	☐ Delete	TITLE			(X) Change	Addition	
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title Name		Delete Delete	TITLE NAME			☐ Change	☐ Addition	
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CITY-ST-ZIP	pertify that the information appoiled with	this filing does not qualify for	CITY-ST-ZIP	ated in Section 110 (17(3)(i) Florido Statutos	I further certify that the	information	
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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: DAN K. Richardson, Manager 4/11/2004 (727) 822-5612 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description Proce #								