## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # L01000001813 1. Entity Name PINK UMBRELLA, LLC Principal Place of Business Mailing Address 2510 N.W. 19TH AVENUE 2510 N.W. 19TH AVENUE HIGH SPRINGS, FL 32643 HIGH SPRINGS, FL 32643 04212004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3705649 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HOPE, A. BICE ESQUIRE DO NOT WRITE 408 WEST UNIVERSITY AVENUE, SUITE 406 GAINESVILLE, FL 32601 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE NAME KEARNEY, MICHAEL 2510 NW 19TH AVE STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS, FL 32643 TITLE NAME STREET ADDRESS CITY-ST-ZIF

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-5T-ZIP

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:

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE