


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90071 018 ****50.00

DOCUMENT # L01000002174 1. Entity Name WARE INVESTIGATIONS, LLC			
Principal Place of Business 333 FIRST STREET NORTH SUITE 305 JACKSONVILLE, FL 32250		Mailing Address 3948 SOUTH 3RD STREET #172 JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business 8633 Marietta Mdws Dr. Suite, Apt. #, etc.		3. Mailing Address 4495-304 Roosevelt Blvd Suite, Apt. #, etc. #124	
City & State Jacksonville, FL Zip 32220 Country U.S.A.		City & State Jacksonville, FL Zip 32210 Country U.S.A.	
4. FEI Number 22-3781329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAIRES CARLENE 333 FIRST ST NORTH, SUITE 305 JACKSONVILLE, FL 32250		7. Name and Address of New Registered Agent Name Laurie A. Ware Street Address (P.O. Box Number is Not Acceptable) 8633 Marietta Mdws Dr City Jacksonville FL Zip Code 32220	
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 <u><i>Laurie A. Ware</i></u> DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P WARE, BRIAN E 333 FIRST STREET NORTH, STE 305 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P WARE, BRIAN E. 8633 MARIETTA MDWS DR JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP GALL, LEON C 333 FIRST STREET NORTH, STE 305 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WARE, LAURIE A. 8633 MARIETTA MDWS DR JACKSONVILLE, FL 32220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST KOVACS, ANA 333 FIRST STREET NORTH, STE 305 JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ST SMITH, CHADWICK A. 8633 MARIETTA MDWS DR JACKSONVILLE, FL 32220	<input type="checkbox"/> Change <input checked="" 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><i>Brian E. Ware</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/28/04 Daytime Phone # 904-705-3420	