
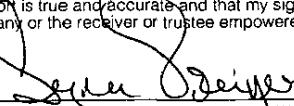


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90125 011 ****50.00

DOCUMENT # L01000002916 1. Entity Name BRYANT & COMPANY, CPA'S, LLC					
Principal Place of Business P.O. BOX 508 LAKELAND, FL 33802-0508			Mailing Address P.O. BOX 508 LAKELAND, FL 33802-0508		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3703279	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VOGELBACHER, PIERRE M 2560 GULF TO BAY BLVD., SUITE 300 CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
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	MGRM PREINER, LYNN 4250 S. FLORIDA AVE., STE. 2. LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HART, TIM J 4250 S. FLORIDA AVE., STE. 2 LAKELAND, FL 33813			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, THOMAS I 4250 S. FLORIDA AVE STE 2 LAKELAND, FL 33813			<input type="checkbox"/> Delete	
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: 				Date: 4-29-2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 863-648-2300	

24063240



02052004 Chg-LLC CR2E083 (10/03)