

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2004
Secretary of State

DOCUMENT# L01000003084

Entity Name: GOOD THROWS, LLC

Current Principal Place of Business:

905 EAST MLK JR DR
#265
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

905 EAST MLK JR DR
#265
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3701849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

35246 U.S. 19 N
#314
PALM HARBOR, FL 34684 US

New Mailing Address:

35246 U.S. 19 N
#314
PALM HARBOR, FL 34684 US

Name and Address of Current Registered Agent:

PETERSON, COLETTE
905 EAST MLK JR DR
SUITE 265
TARPON SPRINGS, FL 34689

Name and Address of New Registered Agent:

PETERSON, COLETTE
35246 U.S. 19 N
#314
PALM HARBOR, FL 34684

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.

SIGNATURE:

02/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: PETERSON, COLETTE
Address: 2577 DOLLY BAY DR #301
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: CONNER, NICHOLAS
Address: 12113 MARBLEHEAD DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CONNER, NICHOLAS
Address: 3 DONNELLY DRIVE
City-St-Zip: MEDFIELD, MA 02052

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NICK CONNER

MGRM

02/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date