

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90192 014 \*\*\*\*50.00

**DOCUMENT # L01000005344**

1. Entity Name  
**THE WESTCOTT BUILDING, L.L.C.**



Principal Place of Business  
**2282 A KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309**

Mailing Address  
**2282 A KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309**

**44032637**



2. Principal Place of Business  
**1701 HERMITAGE BLVD.**

3. Mailing Address  
**1701 HERMITAGE BLVD.**

Suite, Apt. #, etc.  
**Suite 202**

Suite, Apt. #, etc.  
**Suite 202**

04062004 Chg-LLC CR2E083 (10/03)

City & State  
**TALLAHASSEE FL**

City & State  
**TALLAHASSEE FL**

4. FEI Number  
**59-3741454**

Applied For  
Not Applicable

Zip  
**32308**

Country  
**USA**

Zip  
**32308**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LINDSEY, WM. SCOTT  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32312**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RUDNICK, JAMES M  
226 N DUVAL STREET  
TALLAHASSEE, FL 32301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PARRISH, JR, ROBERT R  
2282 A KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1701 HERMITAGE BLVD, SUITE 202  
TALLAHASSEE, FL 32308** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

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

**4/14/04**

Date

**894.3330**

Daytime Phone #