

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-25-2004 90280 031 ****50.00

DOCUMENT # L01000005806					
1. Entity Name EXTRACTECH, LLC					
Principal Place of Business 1725 E 5TH AVE TAMPA, FL 33705			Mailing Address 1725 E 5TH AVE TAMPA, FL 33705		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, CYRIL C 1725 E 5TH AVE TAMPA, FL 33705			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
6. 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 _____ (NOTE: Registered Agent signature required when re-registering)					
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 BAGWELL, JAMES <input type="checkbox"/> Delete PO BOX 20225 TAMPA, FL 33622				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUIDO, GREGORY F <input type="checkbox"/> Delete 5818 AUDUBON MANOR BLVD. LITHIA, FL 33547				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORGAN, C.C. (CHIP) <input type="checkbox"/> Delete 128 ADRIATIC AVE. TAMPA, FL 33606				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition				
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"/> 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:					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)					
Date: 2-20-04 Daytime Phone: 813-207-0722					