

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90280 048 ****50.00

DOCUMENT # L01000007693

1. Entity Name
ENGAGE INVESTMENT PARTNERS, L.L.C.



Principal Place of Business
777 S. HARBOUR ISLAND BLVD.
SUITE 760
TAMPA, FL 33602

Mailing Address
777 S. HARBOUR ISLAND BLVD.
SUITE 760
TAMPA, FL 33602

24014154



2. Principal Place of Business
1700 S. MacDILL AVE
Suite, Apt. #, etc.
STE 220

3. Mailing Address
1700 S. MacDILL AVE
Suite, Apt. #, etc.
STE 220

01122004 Chg-LLC CR2E083 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
43-1950607

Applied For
Not Applicable

Zip 33629 Country HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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	MGR	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES K JR	
STREET ADDRESS	777 S HARBOUR ISLD BLVD # 765	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MURRAY, SANDRA H	
STREET ADDRESS	1901 HOLLY LANE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES K IV	
STREET ADDRESS	1901 S WYKAGL ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MURRAY, MICHAEL S	
STREET ADDRESS	4523 CULBREATH AVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ANTHONY SCOTT LEE IRR TRUST	
STREET ADDRESS	777 S HARBOUR ISLD BLVD # 765	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SUSAN MURRAY RAGSDALE IRR TRUST	
STREET ADDRESS	777 S HARBOUR ISLD BLVD # 765	
CITY-ST-ZIP	TAMPA, FL 33602	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1700 S. MACDILL AVE - STE 220
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1700 S. MACDILL AVE - STE 220
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1700 S. MACDILL AVE - STE 220
CITY-ST-ZIP	TAMPA FL 33629

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

2-20-04

Date

813.223.2424

Daytime Phone #