


004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008553	
1. Entity Name DEP SALES, L.L.C.	

Principal Place of Business 425 EAST MCEWEN DRIVE OSPREY, FL 34229	Mailing Address PO BOX 3319 SARASOTA, FL 34230
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1107732	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FAMIGLIO, GEORGE V JR CPA 1634 MAIN ST. SARASOTA, FL 34236	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by September 8, 2004	U00000170458 08/20/04-80001-014 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POTTS, DIANE E 425 EAST MCEWEN DRIVE OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALKO, CHARLES H 425 EAST MCEWEN DRIVE OSPREY, FL 34229
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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: <u>Diane E. Potts</u>	<u>8-16-04</u>	<u>9419660725</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>