

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009985

1. Entity Name
EXECUTIVE COMPENSATION CONCEPTS, LLC



Principal Place of Business
**4014 GUNN HIGHWAY, SUITE 140
TAMPA, FL 33624**

Mailing Address
**4014 GUNN HIGHWAY, SUITE 140
TAMPA, FL 33624**



02192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3725554

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH ESQ
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, GLENN 4014 GUNN HIGHWAY, SUITE 140 TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, C. RANDOLPH 7849 GROVETON HILLS PLACE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIDGE, SCOTT P.O. BOX 247 SWARTHMORE, PA 190819978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNY, LARRY 8321 OLD COURTHOUSE RD., SUITE 210 VIENNA, VA 22182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, DAVE 155 WELLINGTON DRIVE BLOOMINGDALE, IL 60108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENCE, RALPH 112 FLINTSHIRE WAY COPELL, TX 75019

U000000093985
03/22/04-80041-004 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/19/04 813-390-5589