

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011290

Entity Name: BLIND MICE, LLC

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

808 S DENNING DR
WINTER PARK, FL 32789

New Principal Place of Business:

2105 PARK AVENUE NORTH
WINTER PARK, FL 32789

Current Mailing Address:

808 S. DENNING DR.
WINTER PARK, FL 32789

New Mailing Address:

2105 PARK AVENUE NORTH
WINTER PARK, FL 32789

FEI Number: 59-3735985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGHTSEY, ALTON L
808 S. DENNING DR.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LIGHTSEY, ALTON L
2105 PARK AVENUE NORTH
WINTER PARK, FL 32789 US

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.

SIGNATURE: ALTON L. LIGHTSEY

04/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCARDLE, MICHAEL F
Address: 808 S DENNING DR
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: BALL, THOMAS B III
Address: 213 SHADY OAKS CR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCARDLE, MICHAEL F
Address: 2105 PARK AVENUE NORTH
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL F. MCARDLE

MGRM

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date