


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-25-2004 90280 047 ****50.00

DOCUMENT # L01000011767	
1. Entity Name KEOWEE PROPERTIES I, LLC	

Principal Place of Business 777 SOUTH HARBOUR ISLAND BOULEVARD, #765 TAMPA, FL 33602	Mailing Address 777 SOUTH HARBOUR ISLAND BOULEVARD, #765 TAMPA, FL 33602
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24014155



2. Principal Place of Business 1700 S. MacDILL AVE	3. Mailing Address 1700 S. MacDILL AVE
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State TAMPA FL	City & State TAMPA FL
Zip 33629	Country HILLSBOROUGH

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3731357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, MICHAEL S 777 SOUTH HARBOUR ISLAND BOULEVARD, #765 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1700 S. MacDILL AVE - STE 220 City TAMPA FL Zip Code 33629	

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, MICHAEL S 777 HARBOUR ISLAND BLVD # 765 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1700 S. MacDILL AVE - STE 220 TAMPA, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Michael S Murray

2-20-04

813.223.2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #