

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012342

Entity Name: 2143 DELTA WAY, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

2585 HICKORY RIDGE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 13613
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEEKER, VAN P
VAN P. GEEKER, P.A.
1501 PARK AVE., P.A.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: KOIKOS, GEORGE N
Address: 2585 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: KOIKOS, KAREN
Address: 2585 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOIKOS, GEORGE N
Address: 2585 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: KOIKOS, KAREN
Address: 2585 HICKORY RIDGE RD.
City-St-Zip: TALLAHASSEE, FL 32308

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: KAREN KOIKOS MGR 04/30/2004

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