


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -1 AM 11:39

DOCUMENT # L01000014010					
1. Entity Name PASS ADMINISTRATION, LLC					
Principal Place of Business 250 S. RONALD REGAN BLVD SUITE 114 LONGWOOD, FL 32750 US			Mailing Address PO BOX 521248 LONGWOOD, FL 32752 US		
2. Principal Place of Business 500 FAWN HILL PL. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 304 Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State HARRISMAN, TN		4. FEI Number 59-3740015	
Zip 32771		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVIDON, SHARON R 500 FAWN HILL PLACE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name: ANNIE ROBERTS Street Address (P.O. Box Number is Not Acceptable): 606 CASA PARK COURT N City: WINTER SPRINGS FL Zip Code: 32708		
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: <u>Annie Roberts</u> <small>Signature, typed or printed name of Agent signature required when reinstating</small> 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	MGRM AVIDON, SHARON R 250 S RONALD REAGAN BLVD. #114 LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHARON AVIDON 500 FAWN HILL PL SANFORD, FL	
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 0000031608580 04/01/04--01024--007 **1523.75	
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	
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	
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	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/31/04</u> Daytime Phone #: <u>865-591-4877</u>		