## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 04, 2004 8:00 am Secretary of State

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BRADENTON BEACH, FL 34217  100 BRIDES T BROENTON BEACH, FL 34217  2. Principal Places of Business   3. Mailing Address   9. Mailing Address   1. Mailing Add	Principal Plac	e of Business	Mailing Address						
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   City & State   City & State   Applied For   Not Applicable   Not Not Applicable   Not App			100 BRIDGE ST		1 (81/8)				
City & State    City & State    City & State    A. FEB Number	2. Principal Place of Business ',		3. Mailing Address						
Country   Zip   Country   S. Certification of Status Desired   S. Certification of New Registered Agent   North	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05182004	05182004 Chg-LLC CR2E083 (10/03)			
See House and Address of Current Registered Agent  WICKMAN & WYCKOFF, P.A. 4909 MANNATEE AVE. WEST BRADENTON, FL. 34209  City FL Zip Code  8. The above named or villy 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, who they have represented agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation	City & State		City & State						
Name	Zip	Country	Zip	Country	5. Certifica				
W/CKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON, FL. 34209    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New Registe	ered Agent		
### ADDITIONS / Change   Chang	WICKMAN	L& WYCKOFF, P.A.		Name					
B. 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, lipsed or private name of implatment agent and selected in Section 119.0761   Marke check payable to Florida Department of State    Filling Fee is \$50.00   Marke check payable to Florida Department of State   Signature, lipsed or private name of implatment agent and selected in Section 119.0761   Marke check payable to Florida Department of State   Signature, lipsed or private name of implatment agent and selected in Section 119.0761   Marke check payable to Florida Department of State   Signature implacement of State   Marke check payable to Florida Department of State	4909 MAN	ATEE AVE. WEST		Strēet A	Strēet Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee is \$50.00   Make check payable to Florida Department of State		il		City	· · ·		Zip Code		
the obligations of registered agent.  SIGNATURE  Filling Face is \$50.00  Due by September 8, 2004  Filling Face is \$50.00  Due by September 8, 2004  Filling Face is \$50.00  Due by September 8, 2004  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Due by September 8, 2004  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make check payable to Fiorida Department of State  Filling Face is \$50.00  Make Check payable to Fiorida Department of State  Filling Face is \$50.00  Make Check payable to Fiorida Department of State    Change   Addition	A The above	named entity submits this statement for	or the nurnose of changing its	registered office of	r registered agent, or h		<u> </u>	and accept	
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