2004 LIMITED LIABILITY COMPANY

CRY-ST-ZIP

SIGNATURE:

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	ANNUAL	REPORT		Jan 29.	, 2004 08:00 A
DOCU	MENT # L01000015	191			retary of State
1. Entity Nan	ne	. • .			V
GARCOT	IT, LLC				
			ALE:		
Principal Plac	ce of Business	Mailing Address		•	
6426 NEWSOME ROAD 6426 NEWSOME ROAD					
LAKELAND, I	FL 33813	LAKELAND, FL 33813			
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	NOT WOLLE	IN THE COA		01262004 No Chg-LLC	CR2E083 (10/03)
L	OO NOT WRITE	IN THIS SPA		4. FEI Number	Applied For
	· · · · · · · · · · · · · · · · · · ·	14 (2000 1272) 4 (4000 1272) 17 (4000 1272)	Property of the second	59-3742393	Not Applicable \$5.00 Additional
		Transport	<u>C. T. C. P. T. B. S. C. P. C. C. B. B.</u>	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent			este et e emiliar
COTTERI	LL, GARY J	DO NOT W			
6426 NEWSOME ROAD LAKELAND, FL 33813			•	DO NOT W	KIIE
				IN THIS SP	ACE
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	The Assessment of the State of
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its registe	ered office or registered	d agent, or both, in the State of Flor	ida. I am familiar with, and accept
OLONIA TI IDE					
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE, Registe	cred Agent signature required w	hen reinstating)	DATE
	W				
D	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBE	RS/MANAGERS	·		
TITLE	MGRM	and the state of t			
NAME	COTTERILL, GARY				4
STREET ADDRESS	6426 NEWSOME ROAD				W21119
CITY-ST-ZIP	LAKELAND, FL 33813			UL/CD/UA	<u>-80</u> 096-001 50.00
NAME				· · 	·
STREET ADDRESS				<u></u>	
CITY-ST-ZIP			,		·
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STREET ADDRESS					The state of the s
CITY-ST-ZIP				DO NOT W	KIIE
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STREET ADDRESS City-St-Zip					
IITLE				#K KITSKINSS (FLESS) TOLE (F	
NAME					
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CITY ST-ZIP					
TITLE NAME					
STREET ADDRESS			1		w ÷

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

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