2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000016586

1. Entity Name

KITCHEN & BATH REMODELING OF TAMPA BAY, L.L.C.

Principal Place of Business	Mailing Address
2420 WEST BRANDON BLVD., STE. 202 BRANDON FL 33511	2420 WEST BRANDON BLVD., STE. 202 BRANDON FL 33511

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number **59-3747365**

Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEIS, ROBERT A		NAME			
STREET ADDRESS	2420 WEST BRANDON BLVD., STE. 202		STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEIS, PATRICIA A		NAME			
STREET ADDRESS	2420 WEST BRANDON BLVD., STE. 202		STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: *Patricia A. Weis*   4-1-04   813-681-1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #