

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017060

Entity Name: BAY HILL FLORIST, LLC

**FILED**  
**Feb 13, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

7784 SAND LAKE RD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6766 EDGEWORTH DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-3751136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALANDRINO, PHILIP K P.A.  
7232 SAND LAKE ROAD, SUITE 201  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

CALANDRINO, PHILIP K P.A.  
29 EAST PINE STREET  
ORLANDO, FL 32801 US

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: PHILIP K. CALANDRINO

02/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CALANDRINO, JOANN  
Address: 6766 EDGEWORTH DR  
City-St-Zip: ORLANDO, FL 31819

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JO ANN CALANDRINO

MS

02/13/2004

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