


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90208 043 ****50.00

DOCUMENT # L01000017428		
1. Entity Name MEADOW POINTE EAST FLORIDA, LLC		
Principal Place of Business 15436 N. FLORIDA AVE. SUITE 200 TAMPA, FL 33613	Mailing Address PO BOX 270603 TAMPA, FL 33688	

42000000



509 GUI SANDO DE AVILA
TAMPA, FL 33613

01202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2486961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent BRICKLEMYER, KEITH W. 500 E. KENNEDY BLVD. SUITE 200 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 THOMAS, GRAY H 15436 N FLORIDA AVE SUITE 200 TAMPA, FL 33613 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 GUI SANDO DE AVILA TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

Thomas H. Gray
THOMAS H. GRAY

1/20/04

813-963-5856