

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017739**

1. Entity Name  
**VOLCANO PARTNERS LLC**



Principal Place of Business  
**1121 CRANDON BLVD., STE. F907  
KEY BISCAYNE, FL 33149**

Mailing Address  
**1121 CRANDON BLVD., STE. F907  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



03172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**11-3681206**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ENDACOTT, ROBERT D  
1121 CRANDON BLVD  
F 907  
KEY BISCAYNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ENDACOTT, ROBERT  
1121 CRANDON BLVD F 907  
KEY BISCAYNE, FL 33149**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WRIGHT, RANDOLPH  
255 EAST BROWN ST S 320  
BIRMINGHAM, MI 48009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

000000122738  
04/21/04-80041-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #