



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90223 040 \*\*\*138.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L01000018692</b><br>1. Entity Name<br><b>LEWIS, BIRCH &amp; RICARDO, LLC</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>1401 COURT STREET<br/>CLEARWATER, FL 33756</b>   |  |   | Mailing Address<br><b>1401 COURT STREET<br/>CLEARWATER, FL 33756</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><br>Zip  |  | City & State<br><br>Zip                       |  | 4. FEI Number<br><b>32-0000304</b>   |  |
| Country  |  | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KINDT, MICHAEL D<br/>1401 CT ST<br/>CLEARWATER, FL 33756</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |   | Make check payable to<br><b>Florida Department of State</b>          |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LEWIS, MICHAEL E CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>McDonald, Tracey L CPA<br>1401 Court Street<br>Clearwater, FL 33756  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BIRCH, DOUGLAS R CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | MGRM<br>Isler, Betty CPA<br>1401 Court Street<br>Clearwater, FL 33756  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>RICARDO, RONALD M CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GILMAN, CRAIG A CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>KINDT, MICHAEL D CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756  | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MILLS, KATHLEEN M CPA<br>1401 COURT STREET<br>CLEARWATER, FL 33756 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | Date <b>4/4/08</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |  |  |  |
| <b>DOUGLAS R BIRCH</b>   |  |   |  |  |  |