2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90277 025 ****50.00

DOCUMENT # L01000018803 1. Entity Name ELEPHANTE & ASSOCIATES, L.L.C.)	03-17-200-	•		
Principal Place of Business Mailing Address 2865 GLORIA COURT PO BOX 15436			•		7				
2865 GLORIA COURT PO BOX 15436 CLEARWATER, FL 33761 CLEARWATER, FL 33766			6-5436	;					3
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		3. Mailing Address	iling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152004	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State		4. FEI Number 65-1150			<u> </u>	plied For t Applicable	
Zìp	Country	Zip	Count	try	5. Certificate o	f Status Desired		\$5.00 Add Fee Required	
7	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered /	\gent	
EDEEDDON ALICONIA				Name-					
FREEBRON, ALISON K 360 MONROE STREET DUNEDIN, FL 34698				Street Address (P.O. Box Number is Not Acceptable)					
į				City			FL	Zip Code	е ,
The above named entity submits this statement for the purpose of changing its reg				ed office or registe	ered agent, or both	in the State of Flo		familiar with	and accept
the obligat	ions of registered agent.	• • • •				,			
SIGNATURE (NOTE: Registered Agent signature, required when reinstating) OATE									
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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. 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:

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

Date

Daytime Phone #