

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000019059**

1. Entity Name  
**DIGITAL HANDS, LLC**



Principal Place of Business  
**400 NORTH TAMPA STREET  
16TH FLOOR  
TAMPA, FL 33602**

Mailing Address  
**400 NORTH TAMPA STREET  
16TH FLOOR  
TAMPA, FL 33602**



03182004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3754250**

Applied For  
Not Applicable

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

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

**BAKER, CHARLOTTE  
400 NORTH TAMPA STREET  
16TH FLR  
TAMPA, FL 33602**

**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  
CHARLOTTE, BAKER  
400 N TAMPA ST, 16TH FLOOR  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HUNTINGTON, JAMES  
400 N TAMPA ST 16TH FLOOR  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CARMINE, ROCCA  
400 N TAMPA ST 16TH FLOOR  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/04/04-80148-009 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)(f), 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:** *Charlotte Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*04-02-04*  
Date

*813-229-8324 x10*  
Daytime Phone #