## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 03, 2004 08:00 AM DOCUMENT # L01000019729 **Secretary of State** 1. Entity Name POWERS DRIVE GROUP, LLC Principal Place of Business Mailing Address 2180 N PARK AVE 2180 N PARK AVE WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 01-0605154 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired T3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE, DAVID G Street Address (P.O. Box Number is Not Acceptable) 2180 N PARK AVE SUITE 220 WINTER PARK FL 32789 City Zio 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEE, DAVID G NAME 1/000000026645 STREET ADORESS 2180 N PARK AVE #220 STREET ADDRESS 02/03/04-80015-021 50.00 WINTER PARK FL 32789 CATY - ST- ZIP CITY-ST-ZIP BILE MGRM ☐ Delete TITLE ☐ Change ☐ Addition LEE, ANN E MAME MANE STREET ADDRESS 2180 N PARK AVE #220 STREET ADDRESS CSTY-ST-2IP WINTER PARK FL 32789 C37Y - ST - 73P THEF ☐ Delete TEST ☐ Change Addition MARKE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 00Y-ST-7/P 3378 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE TITLE Delete ☐ Change ☐ Addition MARKE MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

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