

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90192 017 \*\*\*\*50.00

**DOCUMENT # L01000020602**

1. Entity Name  
**MICCOSUKEE COMMONS INVESTMENT, LLC**



**44036034**

Principal Place of Business  
**2282 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309**

Mailing Address  
**2282 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309**



2. Principal Place of Business  
**1701 HERMITAGE BLVD.  
Suite, Apt. #, etc.  
SUITE 202**

3. Mailing Address  
**1701 HERMITAGE  
Suite, Apt. #, etc.  
SUITE 202**

04052004 Chg-LLC CR2E083 (10/03)

City & State  
**TALLAHASSEE FL**  
Zip  
**32308**  
Country  
**USA**

City & State  
**TALLAHASSEE FL**  
Zip  
**32308**  
Country  
**USA**

4. FEI Number  
**03-0378925**  
Applied For  
☐ Not Applicable

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

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

**PARRISH, ROBERT R JR.  
2282 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32308**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1701 HERMITAGE BLVD.  
SUITE 202  
City TALLAHASSEE FL Zip Code 32308**

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARRISH, ROBERT R 2282A KILLEARN CNTR BLVD TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 HERMITAGE BLVD. SUITE 202 TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/14/04**

Date

**894.3330**

Daytime Phone #