

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90197 001 ****50.00

DOCUMENT # L01000021032

1. Entity Name

LOVE'S LURES, LLC



Principal Place of Business

6531 43RD STREET NORTH, #1609
PINELLAS PARK FL 33781

Mailing Address

6531 43RD STREET NORTH, #1609
PINELLAS PARK FL 33781

2. Principal Place of Business

22131 U.S. 19N.

3. Mailing Address

22131 U.S. 19N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

Country

Zip

Country

33765

33765



MOORE

CR2E083 (11/03)

4. FEI Number

59-3760106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, THOMAS E
2437 ANTHONY AVE.
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete
NAME MORGAN, THOMAS E
STREET ADDRESS 2437 ANTHONY AVE.
CITY-ST-ZIP CLEARWATER FL 33759

TITLE MGRM ☐ Delete
NAME LOVE, STEPHEN
STREET ADDRESS 8700 92ND ST. N.
CITY-ST-ZIP LARGO FL 33777

TITLE MGRM ☐ Delete
NAME LOVE, WILLIAM
STREET ADDRESS 6855 GEORGE M. LYNCH DR. N.
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6855 GEORGE M. LYNCH DR. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas E. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/04 727-723-8744
Date Daytime Phone #