
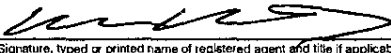
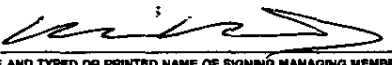


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 004 ****50.00

DOCUMENT # L01000022189 1. Entity Name TOTAL I MANAGEMENT, LLC					
Principal Place of Business 122 LINSLEY AVE., STE A BRANDON, FL 33511			Mailing Address 122 LINSLEY AVE., STE A BRANDON, FL 33511		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04052004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 01-0553221				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WYLIC, WARREN W II 122 LINSLEY AVE., STE A 777 S. HARBOUR ISLAND BLVD, STE 500 TAMPA, FL 33602			Name Wylie, Warren W. II Street Address (P.O. Box Number is Not Acceptable) 122 Linsley Avenue, Ste A City Brandon FL Zip Code 33511		
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 		Warren W. Wylie, II <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/6/04 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEKHOR, DAVID 3505 BERGER RD. LUTZ, FL 33548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1810 W. Bearss Ave. Tampa, FL 33613		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANNI, M. DOUGLAS 603 WATERWOOD COURT LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYLIE, WARREN W II 510 CAULDER PARK ROAD SEFFNER, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Warren W. Wylie, II 4/6/04 (813) 657-4914		<small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small> <small>Date</small> <small>Daytime Phone #</small>	