

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90269 001 ***200.00

34001413



02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number **80-0021745** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

~~CARBONE, NICHOLAS~~
250 PARK AVENUE SOUTH, SUITE 600
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name **Jasmond, David**
Street Address (P.O. Box Number is Not Acceptable)
250 Park Ave. South, Suite 600
City **Winter Park** FL Zip Code **32789**

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 **David J. Jasmond** **2/24/04** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BUCHANAN, ROBERT**
STREET ADDRESS **250 PARK AVENUE SOUTH, SUITE 600**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **MGR** ☒ Delete
NAME **CARBONE, NICHOLAS JR**
STREET ADDRESS **250 PARK AVENUE SOUTH, SUITE 600**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **MGR** ☐ Delete
NAME **ECKBERT, JOHN**
STREET ADDRESS **250 PARK AVENUE SOUTH, SUITE 600**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **MGR** ☐ Delete
NAME **JASMIND, DAVID**
STREET ADDRESS **250 PARK AVENUE SOUTH, SUITE 600**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **MGR** ☐ Delete
NAME **POOLE, MICHAEL**
STREET ADDRESS **250 PARK AVENUE SOUTH, SUITE 600**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **Jasmond**
STREET ADDRESS
CITY-ST-ZIP

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

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 **David J. Jasmond** **2-25-04** **407-599-4966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #