



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000550</b> 1. Entity Name <b>PASCO LAND BARONS, L.L.C.</b>	
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Principal Place of Business <b>1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756</b>	Mailing Address <b>1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756</b>
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>02-0555690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BRYD, ROBERT W 1208 S MYRTLE AVE CLEARWATER, FL 33756</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

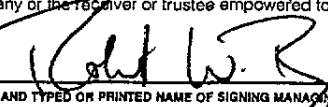
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BYRD, ROBERT W 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756
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02/09/04-80105-021 50.00

**DO NOT WRITE  
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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:**  **Robert W. Byrd**      **02/04/04**      **727-461-0859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #