

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001852 1. Entity Name BOTH OARS, L.L.C.	
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Principal Place of Business 4009 ROUSE ROAD ORLANDO, FL 32817	Mailing Address P.O. BOX 533164 ORLANDO, FL 32801
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05032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0003915	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMALLEY, CRAIG W 1517 E. HILLCREST STREET ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 re-registering) DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, JOYCE L 24 N. FOREST AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PFLUG, MARI M 2912 E. MARKS ST. ORLANDO, FL 32803
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000000158755 05/10/04-80002-016 50.00 DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joyce L. Nichols* **5-5-04** **407 321-438-4301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #