2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 13, 2004 08:00 AM DOCUMENT # L02000002801 Secretary of State 1. Entity Name BILL SLOCUM-RESIDENTIAL BUILDER, LLC Mailing Address Principal Place of Business P.O. BOX 743 710 PINE RUN DRIVE OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite Act # etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 02-0562621 Not Applicable Country \$5.00 Additional Zιρ Country Ζp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** Zip Code City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 8. ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME SCOCUN, WILLIAM D JR 134.65 STREET ADDRESS 710 PINE RUN DRIVE STREET ADDRESS CITY-ST-7IP 131Y-51-71P OSPREY FL 39229 ☐ Delete ☐ Change Addition HDE THE U00000051001 02/16/04-80033-014 55.00 MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition ☐ Delete HILE TITLE NAME MAME STREET ADDRESS STREET ABORESS CITY-ST-ZIP CITY-SE-7P ☐ Addition ☐ Detete 7135 F ☐ Change TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition Delete TITLE TITLE NAME MALAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition Delete III F TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7/P

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 trustree empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

2/10/04 (941) 266-4639

**FILED**