


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90120 013 \*\*\*\*55.00

<b>DOCUMENT # L02000005176</b>			
1. Entity Name STRATEGIC RESOURCES MANAGEMENT, LLC			
Principal Place of Business 533 CHICAGO AVENUE DUNEDIN, FL 34698		Mailing Address 533 CHICAGO AVENUE DUNEDIN, FL 34698	
2. Principal Place of Business 1875 STEVENSON AVE Suite, Apt. #, etc.		3. Mailing Address 1875 STEVENSON AVE Suite, Apt. #, etc.	
City & State CLEARWATER, FLORIDA Zip 33755 Country USA		City & State CLEARWATER, FLORIDA Zip 33755 Country	
6. Name and Address of Current Registered Agent FOSTER, BILL G 533 CHICAGO AVENUE DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name: BILL G. FOSTER Street Address (P.O. Box Number is Not Acceptable): 1875 STEVENSON AVENUE City: CLEARWATER FL Zip Code: 33755	
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: <u>BILL G. FOSTER</u> - BILL G. FOSTER 01/20/04 (NOTE: Registered Agent signature required when reinstating)			



01202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3629584 Applied For Not Applicable

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

**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	MGRM FOSTER, BILL G 533 CHICAGO AVENUE DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MEMBER. BILL G. FOSTER 1875 STEVENSON AVE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, BILL G 533 CHICAGO AVENUE DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MEMBER 54004 TEAGARDEN 819 1/2 6TH ST. NORTH ST. PETERSBURG, FLORIDA 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MEGHAN FOSTER 9033 Rubio Ave North Hills, Ca. 91343 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER KIMBERLY A. FOSTER 5112 NORTH BARTLETT AVE. SAN GABRIEL, CA. 91776 <input type="checkbox"/> Change <input checked="" 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:** BILL G. FOSTER Managing Member (BILL G. FOSTER) 01/20/04 727-733-8700 EXT 221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #