

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006492

FILED
Apr 27, 2004
Secretary of State

Entity Name: ANGUS INVESTORS, LLC

Current Principal Place of Business:

2701 NORTH ROCKY POINT DRIVE
SUITE 630
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2701 NORTH ROCKY POINT DRIVE
SUITE 630
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0645585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
501 E. KENNEDY BLVD., SUITE 1700
C/O MITCHELL I. HOROWITZ
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: D () Delete
Name: GILLIES, RICHARD N
Address: 2701 NORTH ROCKY POINT DRIVE SUITE 630
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: GUMIENNY, THEODORE N
Address: 2701 NORTH ROCKY POINT DRIVE SUITE 630
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GILLIES, RICHARD N
Address: 2701 NORTH ROCKY POINT DRIVE SUITE 630
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change () Addition
Name: GUMIENNY, THEODORE N
Address: 2701 NORTH ROCKY POINT DRIVE SUITE 630
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THEODORE J GUMIENNY, JR

MGR

04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date