

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000006980

1. Entity Name

PRINCETON (SIX) EXCHANGE ACCOMODATORS, LLC



FILED

04 APR 27 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

Principal Place of Business
230 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

Mailing Address
230 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

2. Principal Place of Business
1423 N. Bronough St.
Suite, Apt. #, etc.

3. Mailing Address
1423 N. Bronough St.
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32303
Country
USA

City & State
Tallahassee FL
Zip
32303
Country
USA

4. FEI Number
04-3631488
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GAY, ARTHUR C
230 JOHN KNOX ROAD, SUITE TWO
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
GAY, Arthur C.
Street Address (P.O. Box Number is Not Acceptable)
1423 N. Bronough St.
City
Tallahassee, FL
Zip Code
32303

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAY, ARTHUR C 230 JOHN KNOX RD TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 1423 N. Bronough St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	900034211709 04/28/04--01001--029 **1000.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Arthur C. Gay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-04
Date

Daytime Phone #