



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90101 011 ****55.00

DOCUMENT # L02000007279 1. Entity Name HEAD WEST ENTERPRISES, LLC					
Principal Place of Business 8019 N. HIMES AVENUE, SUITE 400 TAMPA, FL 33614			Mailing Address 8019 N. HIMES AVENUE, SUITE 400 TAMPA, FL 33614		
2. Principal Place of Business 8019 N Himes Ave		3. Mailing Address 8019 N Himes Ave		 01052004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 401			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33614		Zip 33614			
Country USA		Country USA		4. FEI Number 03-0474985	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SAMSON, PAUL 8019 N. HIMES AVE 400 SUITE 401 TAMPA, FL 33611			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
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 SAMSON, PAUL L 8019 N. HIMES AVE, SUITE 400 401 TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Paul L. Samson</i> PAUL L. SAMSON 1/7/04 (813) 935-5087 x10 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		