2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000007281 1. Entity Name						Secretary of State				
HEDMAN	, HINES & NORMAN,	P.L.								
Principal Place of Business 212 NORTH COLLINS STREET, SUITE 2 PLANT CITY FL 33566			Mailing Address 212 NORTH COLLINS PLANT CITY FL 33560	r, SUITE 2						
2. Pnncipal P	Place of Business	3	Mailing Address		<u>.</u>	-				
Suite, Apt #, etc.			Suite, Apr #, etc			1)	######################################	#### #################################	EBER 20 100)
					MOORE CR2E083 (11/03) 4. FE! Number Applied For					
City & State			City & State	· <u> </u>	4. FEI NUN	noer 02-057221	8	-	t Applicable	
Zγp	p Country		Zip Coun		etry	5. Certifica	ate of Status Desired.		\$5.00 Add Fee Required	
Name and Address of Current Registered Agent					Name	7. Name a	nd Address of New	Registered /	lgent	
REDMAN, JAMES L ESQ					Street Address (P.O. Box Number is Not Acceptable)					
212 NORTH COLLINS STREET, PLANT CITY FL 33566			SUITE 2							
					City			FL	Z _{ID} Code	e
8. The above	named entity submits this state	s register		red agent, or	both, in the State of F		amiliar with.	and accept		
the obliga	tions of registered agent.						-			
SIGNATURE	Signature, typod or printed name of reque	fered agent and I	tile if applicable (NOT	TE Registero	od Agent signature required	when reinstaling)		DATE		
			1		FEE IS \$50.00					
			Make Check Payab		orida Departine ay 1, 2004	in or state				
9.	9. MANAGING MEMBERS/MANAGERS 1						ADDITIONS	CHANGES		£ 5
TITLE	_ 54,44				E NE		Hannanas	C T T A	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	212 COLLINS ST, SUITE 2 PLANT CITY FL 33563	3		EET ADDRESS (+ST-2)P		000000016384 01/28/04-80053-012 50.0				
TITLE			☐ Delete	TITE	}				☐ Change	Addition
NAME STREET ADDRESS	1				EET AOORESS					
CITY-SI-ZIP			<u> </u>	-1	-ST-ZIP				☐ Change	☐ Addition
DITLE NAME			☐ Delete	titl Nan	I				ET counting	
STREET ADDRESS CITY - ST-ZIP	3				EET ADDRESS '- ST-ZIP					
TITLE			☐ Delete	TEST	}				☐ Change	Addition
NAME STREET ADDRESS				MAN Str	RE EET ADDRESS					
CITY-ST-ZIP					- ST-ZIP				C Obana	
NAME.			☐ Delete	TETE NAN	{				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP				•	EET ADDRESS (+ST-ZIP					
TITLE		·	☐ Delete	7176	E				☐ Change	Addition
NAME STREET ADDRESS				NAM Str	re Eet address					
CITY-ST-ZIP				<u></u>	r-ST-Z#		rath Fa	16.3	are or	
11. I hereby indicated limited lit	certify that the information supp on this report is true and accu- ability company or the receiver	pited with this urate and that or trustee er	is filing does not qualify fo at my signature shall have mpowered to execute this	or the exe the sam report a	emption stated in Si ie legal effect as if r is required by Chap	ection 119,07 made under o ster 608, Florid	(3)(1), Honda Statutes bath; that I am a man da Statutes.	i. i turtner cer aging membi	ury that the in or manage	riormation or of the

SIGNATURE: 1-22-04
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED