
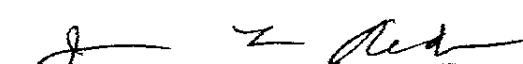


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

|  |   |                           |  |   |  |
|--|---|---------------------------|--|---|--|
| <b>DOCUMENT # L02000007281</b>   |   |                           |  |                        |  |
| <b>1. Entity Name</b><br>REDMAN, HINES & NORMAN, P.L.  |   |                           |  |   |  |
| <b>Principal Place of Business</b><br>212 NORTH COLLINS STREET, SUITE 2<br>PLANT CITY FL 33566   |   |                           | <b>Mailing Address</b><br>212 NORTH COLLINS STREET, SUITE 2<br>PLANT CITY FL 33566 |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |  |   |  |
| City & State   |   | City & State              |  | <b>4. FE# Number</b> 02-0572218   |  |
| Zip  |   | Country                   |  | Applied For<br>Not Applicable   |  |
| Zip  |   | Country                   |  | <b>5. Certificate of Status Desired.</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                           |  | <b>7. Name and Address of New Registered Agent</b>  |  |
| REDMAN, JAMES L ESQ<br>212 NORTH COLLINS STREET, SUITE 2<br>PLANT CITY FL 33566  |   |                           |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                      |  |
|  |   |                           |  | FL Zip Code   |  |
| <b>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.</b>   |   |                           |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                           |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>   |   |                           |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                           | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>REDMAN, JAMES L<br>212 COLLINS ST, SUITE 2<br>PLANT CITY FL 33563 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | 000000016384<br>01/28/04-80053-012 50.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| <b>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.</b> |   |                           |  |   |  |
| <b>SIGNATURE:</b>  <b>1-22-04</b>   |   |                           |  |   |  |