2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008057

Entity Name: DE BARTHOLOMEO HOLDINGS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
C/O C.A. MOORE 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602	1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755 US

Current Mailing Address:	**New Mailing Address:**
C/O C.A. MOORE 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602	1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755

FEI Number: 32-0050040   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MOORE, C.A. 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602 US	BARTHOLOMEW, JOHN E 1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755 US

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: JOHN E BARTHOLOMEW   03/12/2004

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BARTHOLOMEW, JOHN	Name:	
Address:	400 N TAMPA ST STE 2300	Address:	
City-St-Zip:	TAMPA, FL 33602	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BARTHOLOMEW, THERESA	Name:	
Address:	400 N TAMPA ST STE 2300	Address:	
City-St-Zip:	TAMPA, FL 33602	City-St-Zip:	

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: JOHN E BARTHOLOMEW   MGR   03/12/2004

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