

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 012 ****55.00

DOCUMENT # L02000009004

1. Entity Name
COMPUTER VIDEO ASSOCIATES, L.L.C.



Principal Place of Business
**9125 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**9125 US HIGHWAY 19 NORTH
PINELLAS PARK, FL 33782**

24001489



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
02-0583052

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETER SCHFERL
500 94TH AVENUE, NORTH
ST PETERSBURG, FL 33701

Schatzel
spelling error

Name *Schatzel*
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **MGRM** ☐ Delete
NAME **STREICH, ELLEN**
STREET ADDRESS **3109 MASTER DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE ☐ Change ☐ Addition
NAME *Streich*
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BEARMAN, ANN**
STREET ADDRESS **4348 43RD. ST. SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition
NAME *MGR spelling errors*
STREET ADDRESS *Beaman*
CITY-ST-ZIP

TITLE **MGRM** ☒ Delete
NAME **GRISWOLD, EDWARD**
STREET ADDRESS **23 MARSHALL ST.**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **CLARKE, ROBERT**
STREET ADDRESS **713 KNOLLWOOD DRIVE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **MGR** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ellen Streich, Mgr. Mgr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1-6-04** Daytime Phone # **(727) 579-9200**