

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90431 028 ****50.00

24041043



02272004 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0439301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEYER, DAVID A
C/O PIPER RUDNICK LLP
101 EAST KENNEDY BOULEVARD, SUITE 2000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
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

TITLE MGRM
NAME ETCHIESON, MICHAEL ☐ Delete
STREET ADDRESS 4900 MANATEE AVE. W., SUITE 201
CITY-ST-ZIP BRADENTON, FL 34209

TITLE MGRM
NAME RANDY, CORONA ☐ Delete
STREET ADDRESS 4900 MANATEE AVE. W., SUITE 201
CITY-ST-ZIP BRADENTON, FL 34209

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE President ☒ Change ☐ Addition
NAME Etchieson, Michael
STREET ADDRESS 4900 Manatee Ave. W., Suite 201
CITY-ST-ZIP Bradenton, FL 34209

TITLE Vice President ☒ Change ☐ Addition
NAME Corona, Randy
STREET ADDRESS 4900 Manatee Ave. W., Suite 201
CITY-ST-ZIP Bradenton, FL 34209

TITLE Vice President ☐ Change ☒ Addition
NAME Amey, Joe
STREET ADDRESS 4900 Manatee Ave. W., Suite 201
CITY-ST-ZIP Bradenton, FL 34209

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

TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/04

Date

241-747-7747

Daytime Phone #