


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009284</b> 1. Entity Name JENNIS & BOWEN, P.L.	
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Principal Place of Business 400 N ASHLEY DR, STE 2540 TAMPA, FL 33602	Mailing Address 400 N ASHLEY DR, STE 2540 TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0584904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BOWEN, CHAD S ESQ  
400 ASHLEY DRIVE, STE. 2540  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNIS, DAVID S 400 N ASHLEY DR, STE 2540 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWEN, CHAD S 400 N ASHLEY DR, STE 2540 TAMPA, FL 33602
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04/05/04-80077-003 50.00

**DO NOT WRITE  
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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 60B, Florida Statutes.

SIGNATURE  **Managing Member** 4/2/04 813 229-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #