


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011580 1. Entity Name TUSCAWILLA 54TH, LLC					
Principal Place of Business 6654 78TH AVE N PINELLAS PARK, FL 33781			Mailing Address 6654 78TH AVE N PINELLAS PARK, FL 33781		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 03-0449951				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COCKEY, PRESTON O JR. 201 N. FRANKLIN ST., STE. 2200 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, CARLOS A 6654 78TH AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, CARLOS A 6654 78TH AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, CARLOS A 6654 78TH AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, CARLOS A 6654 78TH AVE N PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete			
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: _____ 4/26/04 (727) 536-8686 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					