


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 044 ****50.00

DOCUMENT # L02000012409 1. Entity Name DATA CENTER RESOURCES, LLC					
Principal Place of Business 4220 HAWAII BLVD. NAPLES, FL 34112				Mailing Address 4220 HAWAII BLVD. NAPLES, FL 34112	
2. Principal Place of Business 22890 FOREST RIDGE DR.		3. Mailing Address 21301 S. Tamiami Tr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 320-301			
City & State ESTERO, FL		City & State ESTERO, FL		4. FEI Number 04-3666039	
Zip 33928		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33928		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERENDES, RICK M 22890 FOREST RIDGE DR. ESTERO, FL 33928				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Rick M. Berendes</i></u> RICK M. BERENDES <u>04/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM VARCOE, MICHAEL B 4220 HAWAII BLVD NAPLES, FL 34112			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENDES, RICK M 22890 FOREST RIDGE DR. ESTERO, FL 33928			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCO, JUSTIN C 460 PIEDMONT AVENUE NE, APT. 1403 ATLANTA, GA 303083441			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOCCO, JUSTIN C 850 PIEDMONT AVE NE ATLANTA, GA 30308			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Rick M. Berendes</i></u> RICK M. BERENDES <u>04/15/04</u> 239-949-0514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					