

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


9/8/2004-90001-049-\$55.00-\$55.00

04 SEP 29 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000012665**

1. Entity Name  
1100 GROUP, LLC



Principal Place of Business  
11100 SIXTY-SIXTH STREET NORTH  
SUITE 26  
LARGO, FL 33773

Mailing Address  
11100 SIXTY-SIXTH STREET NORTH  
SUITE 26  
LARGO, FL 33773

2. Principal Place of Business  
1100 66th St N  
Suite, Apt. #, etc. 25

3. Mailing Address  
1100 66th St N  
Suite, Apt. #, etc. 25

City & State  
Largo FL

City & State  
Largo FL

Zip  
33773

Country  
Pinellas

Zip  
33773

Country  
Pinellas



09032004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
04-3673259

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAE, WILLIAM J  
11100 SIXTY-SIXTH STREET NORTH  
SUITE 26  
LARGO, FL 33773

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when changing)

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAE, WILLIAM J 11100 SIXTY-SIXTH STREET NORTH LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
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)(X), 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: William J Rae

9/29/04 727-546-3094

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