2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000013082								Feb 02, 2004 08:00 AM Secretary of State				
ARGOS, I	LLC.					1	9		•			
Principal Plac	ce of Busines	s.		Mailing Address								
620 HIBISCUS DRIVE VENICE FL 34285				620 HIBISCUS DRIVE VENICE FL 34285								
2. Principal Place of Business			3	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	MOORE	CR2E08	3 (11/03)		
City & State				City & State			4. FEI Nui	01-0710462	2	{	pited For ! Applicable	
Zip				Zip Cour		ntry	5. Certific	ate of Status Desired		\$5.00 Addi Fee Required		
	6. Name	and Address of Curre	pistered Agent	Name	7. Name a	and Address of New R	egistered.	Agent				
HALL, WAYNE C ESQ 1314 EAST VENICE AVENUE STE. E VENICE FL 34292						Street Address (P.O. Box Number is Not Acceptable)						
VENIOE I E 34232				City			<u>. </u>		FL	Zip Code		
·							sterod agant or	hath in the State of the		.		
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 priviled name of regressred egent and dite if applicable. (NOTE Registered Agent signature required when reinstaling) DATE												
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Make Che						FEE IS \$50.0 orida Departr						
						ay 1, 2004	TO THE STATE OF TH					
9.		MANAGERS 10.				ADDITIONS/	CHANGES					
TITLE NAME	MGR TSOLAKIS, PHILIP			☐ Delete		E NE		U00000028589		☐ Change	Addition	
STREET ADDRESS	620 HIBISO	•				EET ADURESS		02/04/04-80032-008 50				
CITY-ST-ZIP	VENICE FL	34285				(-ST-ZIP					_	
TITLE NAME	MGR Delete TSOLAKIS, CHRISTINA					E				☐ Change	Addition	
STREET ADORESS	620 HIBISO	•		nan Str	EFT ADDRESS							
CITY-ST-ZIP	VENICE FL	_ 34285			cm	- ST- ZIP						
TITLE NAME				Delete	TETL NAM	}				☐ Change	Addition	
STREET ADDRESS						EET ACIDRESS						
CATY+ST-ZIP						/- ST- Z)P						
TITLE				☐ Delete	TIEL	i	,	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME STREET ADDRESS					NAN Str	EET ADORESS						
CITY-ST-ZIP]	•				-S1-2(P						
TITLE				☐ Delete	BIL	i				☐ Change	Addition	
NAME STREET ADDRESS					NAM 970	IE EET ADDRESS						
CITY - ST - ZIP						-ST-ZIP						
TITLE				☐ Delete	TAL					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM CTO	1						
CITY-ST-ZIP						EET ADORESS '-ST-ZIP						
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 t9.07(3)(1). 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.												
umited lia	spility compai	ny or the receiver or trus	tee en	apowered to execute this i	report a	s required by Ch	napter 608_Florid	da Statutes.	-		,	

SIGNATURE: Philip Stolakis Philip TSOLAKIS JAN. 26th /2004 941 483-4580

FILED