


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90161 044 ****55.00

| | | | | | |
|---|---------|-----|---|---|--|
| DOCUMENT # L02000013170 | | | |  | |
| 1. Entity Name QDRO SOLUTIONS LLC | | | | | |
| Principal Place of Business 602 CHANNELSIDE DR. TAMPA FL 33602 | | | Mailing Address 602 CHANNELSIDE DR. TAMPA FL 33602 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | | |



MOORE CR2E083 (11/03)

| | | | | | |
|---|--|--|--|--|--|
| 4. FEI Number NO-T APPLICABLE | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

| | | | | | |
|--|--|--|--|---|--|
| 6. Name and Address of Current Registered Agent DIETRICH, RAYMOND S 602 CHANNELSIDE DR. TAMPA FL 33602 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name <u>RAYMOND S. DIETRICH</u> | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) <u>4045 HENDERSON BLVD.</u> | |
| | | | | City <u>TAMPA</u> FL <u>33629</u> | |

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 RD (RAYMOND S. DIETRICH) 2/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS / MANAGERS | | | | 10. ADDITIONS / CHANGES | | | |
|--------------------------------|--------------------|---------------------------------|--|-------------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DIETRICH, RAYMOND | | | NAME | | | |
| STREET ADDRESS | 602 CHANNELSIDE DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33602 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: RD (RAYMOND S. DIETRICH) 2/5/04 813.282.7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #