



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90035 046 \*\*\*\*50.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # L02000014699</b><br>1. Entity Name<br><b>LARRY CROWLEY LLC</b>  |   |                                 |   |  |  |
| Principal Place of Business<br><b>12350 S. BELCHER RD<br/>13A<br/>LARGO, FL 33773</b>   |   |                                 | Mailing Address<br><b>12350 S. BELCHER RD<br/>13A<br/>LARGO, FL 33773</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |   |   |  |
| City & State  |   | City & State                    |   |   |  |
| Zip   | Country   | Zip                             | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |   |                                 |   | 7. Name and Address of New Registered Agent                                       |  |
| CROWLEY, LARRY<br>12350 S BELCHER RD<br>13A<br>LARGO, FL 33773  |   |                                 |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>CRAWLEY, LARRY<br>12350 S BELCHER RD #13A<br>LARGO, FL 33773 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |                                 | 4/13/04 (727) 530-5579<br><small>Date Daytime Phone #</small>             |   |  |

