2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM DOCUMENT # L02000015065 **Secretary of State** 1. Entity Name FAT MAN, LLC Mailing Address Principal Place of Business 2129 ROSELAWN ST. 2129 ROSELAWN ST. SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) -4. FEI Number Applied For City & State City & State 06-1646404 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name O'BRIEN, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 City Zee 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE flegislered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 U00000063697 Make Check Payable to Florida Department of State)2/23**/04-80171-018 50.00** Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 2. 10. TITLE MGRM ☐ Defete TITLE ☐ Change ☐ Addition NAME BENDICKSON, BRIAN P MAME STREET ADDRESS STREET ADDRESS 2129 ROSELAWN ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Change ☐ Addition TETLE NAME STREET ADDRESS STREET ADDRESS CAY-57-28 CHY-ST-28P **3131** F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition NAME 33.53.AF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete Change ☐ Addition TITLE MAME 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:

Brain
PPO OR PRINTED NAME OF SEMING MANAGE

MINING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATI

2-11-04

991-923-4645

FILED