

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015178

Entity Name: 9030 58TH DRIVE E, LLC

**FILED**  
**Apr 14, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

10204 SILVERADO CIRCLE  
BRADENTON, FL 34202

## **New Principal Place of Business:**

9030 58TH DRIVE E.  
101-A  
BRADENTON, FL 34202

## **Current Mailing Address:**

10204 SILVERADO CIRCLE  
BRADENTON, FL 34202

## **New Mailing Address:**

9030 58TH DRIVE E.  
SUITE 101-A  
BRADENTON, FL 34202

FEI Number: 04-3693551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GREENE, ROBERT F ESQ  
1301 SIXTH AVENUE W., SUITE 400  
BRADENTON, FL 34205 US

## **Name and Address of New Registered Agent:**

SNYDER, DAVID M CPA  
9030 58TH DRIVE E.  
SUITE 101-A  
BRADENTON, FL 34202 US

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.

SIGNATURE: DAVID M. SNYDER

04/14/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CALHOON, RONALD J  
Address: 10204 SILVERADO CIR  
City-St-Zip: BRADENTON, FL 34202

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SNYDER, DAVID M  
Address: 9030 58TH DRIVE E. #101-A  
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID M. SNYDER

MGR

04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date