



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90324 050 ****55.00

DOCUMENT # L02000017020					
1. Entity Name STACEY L. HORAN, PLC					
Principal Place of Business 5527 N. MILITARY TRAIL, #1415 BOCA RATON, FL 33496			Mailing Address 5527 N. MILITARY TRAIL, #1415 BOCA RATON, FL 33496		
2. Principal Place of Business 1590 Newhaven Point Lane Suite, Apt. #, etc.		3. Mailing Address 1590 Newhaven Point Lane Suite, Apt. #, etc.			
City & State West Palm Beach, FL Zip 33411 Country USA		City & State West Palm Beach, FL Zip 33411 Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HORAN, STACEY L 5527 N. MILITARY TRAIL, #1415 BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name: Horan, Stacey L. Street Address (P.O. Box Number is Not Acceptable): 1590 Newhaven Point Lane City: West Palm Beach FL Zip Code: 33411		
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: <u>Stacey Horan</u> (Signature, typed or printed name of registered agent and title if applicable) DATE: <u>5/10/04</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORAN, STACEY L 5527 N. MILITARY TRAIL #1415 BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1590 Newhaven Point Lane West Palm Beach, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Stacey Horan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: <u>5/10/04</u> DAYTIME PHONE #: <u>561-795-9499</u>		