

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90145 028 ****50.00

DOCUMENT # L02000017053					
1. Entity Name WHERE-TECH, LLC					
Principal Place of Business 1277 TALLEVAST ROAD SARASOTA, FL 34243			Mailing Address 1277 TALLEVAST ROAD SARASOTA, FL 34243		
2. Principal Place of Business 318 SENBOARD AVE		3. Mailing Address Box 21631			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VENICE, FL		City & State SARASOTA, FL		4. FEI Number 04-3682386	
Zip 34292		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAW, WILLIAM 1277 TALLEVAST ROAD SARASOTA, FL 34243		7. Name and Address of New Registered Agent - Name: WILLIAM STRAW Street Address (P.O. Box Number is Not Acceptable): 318 SENBOARD AVE City: VENICE, FL Zip Code: 34292			
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: DATE: 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAW, WILLIAM 1277 TALLEVAST ROAD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	318 SENBOARD AVE VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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: WILLIAM E. STRAW 4/29/04 941-357-9903 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					