

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-04-2004 90271 011 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000019389 1. Entity Name RICE & GRAUS, P.L.	
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34009193



06022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, MELISSA
1900 MAIN ST., SUITE 300
SARASOTA, FL 34236

DO NOT WRITE
IN THIS SPACE

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICE, MELISSA K
STREET ADDRESS	1900 MAIN ST., SUITE 300
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	MEM
NAME	GRAUS, KIMBERLY L
STREET ADDRESS	1900 MAIN ST., SUITE 300
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SICKING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

6/30/04

941/954-1900