

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019490

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: SPECTRUM X, LLC

## Current Principal Place of Business:

2716 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

PO BOX 50156  
JACKSONVILLE BEACH, FL 32240

## Current Mailing Address:

2716 ST. JOHNS AVENUE  
JACKSONVILLE, FL 32205

## New Mailing Address:

PO BOX 50156  
JACKSONVILLE BEACH, FL 32240

FEI Number: 47-0880450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANKENSHIP, KIMBERLY A ESQ.  
2716 RIVERSIDE AVE.  
108  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

BLANKENSHIP, KIMBERLY A ESQ.  
PO BOX 50156  
JACKSONVILLE BEACH, FL 32240

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:

04/13/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: BLANKENSHIP, KIMBERLY A  
Address: 2716 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR ( ) Delete  
Name: WINGARD, MICHAEL J  
Address: 2716 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR (X) Delete  
Name: PRITCHARD, THOMAS J  
Address: 2716 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BLANKENSHIP, KIMBERLY A  
Address: PO BOX 50156  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: MGR (X) Change ( ) Addition  
Name: PRITCHARD, THOMAS J  
Address: PO BOX 50156  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KIMBERLY A BLANKENSHIP

MGR

04/13/2004

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