

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022178

**FILED**  
**Jan 20, 2004**  
**Secretary of State**

**Entity Name:** THOMAS W. SANSBURY & ASSOCIATES, LLC

**Current Principal Place of Business:**

840 RIVER POINTE DR.  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

840 RIVER POINTE DR.  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 51-0424939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIKET & SOLIS, LLP  
1100 5TH AVENUE SOUTH, STE. 301  
NAPLES, FL 34102 US

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

SANSBURY, THOMAS W MR.  
1100 5TH AVENUE SOUTH, STE. 301  
NAPLES, FL 34102 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:** THOMAS W. SANSBURY

01/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** SANSBURY, THOMAS W  
**Address:** 840 RIVER POINTE DR.  
**City-St-Zip:** NAPLES, FL 34102

**ADDITIONS/CHANGES:**

**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:** THOMAS W. SANSBURY

MGR

01/20/2004

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