

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022883

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: FLORES HOLDINGS, LLC

## Current Principal Place of Business:

4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

## New Principal Place of Business:

4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618 US

## Current Mailing Address:

4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

## New Mailing Address:

4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618 US

FEI Number: 59-3717905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORES, ARMANDO  
4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

FLORES, ARMANDO  
4015 CARROLLWOOD VILLAGE DRIVE  
TAMPA, FL 33618 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:

01/08/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: FLORES, ARMANDO  
Address: 4015 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM ( ) Delete  
Name: FLORES III, ARMANDO  
Address: 4003 ROCLINATA PALM COURT  
City-St-Zip: TAMPA, FL 33624 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FLORES, ARMANDO  
Address: 4015 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM (X) Change ( ) Addition  
Name: FLORES III, ARMANDO  
Address: 16911 NIKKI LANE  
City-St-Zip: ODESSA, FL 33556 US

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: ARMANDO FLORES

MGR

01/08/2004

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