

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022945

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: ESCARGO, LLC

**Current Principal Place of Business:**

6372 PALMA DEL MAR BOULEVARD  
APARTMENT #905  
ST. PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE M-8  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 33-1020449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE M-8  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHWARZ, JEAN-MARC  
Address: 6372 PALMA DEL MAR BLVD., APT. #905  
City-St-Zip: ST. PETERSBURG, FL 33715 US

Title: MGRM ( ) Delete  
Name: SCHWARZ, SUSAN  
Address: 6372 PALMA DEL MAR BLVD., APT. #905  
City-St-Zip: ST. PETERSBURG, FL 33715 US

**ADDITIONS/CHANGES:**

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

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: JEAN-MARC SCHWARZ

MGRM

04/16/2004

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