## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024105

1. Entity Name IAMCO, LLC

FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business 475 HICKORYNUT AVEN. OLDSMAR, FL 34677 Mailing Address

475 HICKORYNUT AVEN. OLDSMAR, FL 34677



## DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1975125 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145

## 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 May 1, 2004

U00000110516 04712794-80087-0<u>08 50.**0**</u>

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MICHAEL V 475 HICKORYNUT AVEN. OLDSMAR, FL 34677
THEE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARCIA J 475 HICKORYNUT AVEN. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
I-TLE NAME STREET AODRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZP	

## DO NOT WRITE IN THIS SPACE

11. Thereby certify that the information supplied with this filling does not qualify 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 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: How land

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14 10.00

Doubles Shoop 4