

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90347 034 \*\*\*\*50.00

**DOCUMENT # L02000024944**

1. Entity Name  
**THE DUTCHER GROUP, LC**



Principal Place of Business

**5401 W KENNEDY BLVD  
1000  
TAMPA, FL 33609**

Mailing Address

**5401 W KENNEDY BLVD  
1000  
TAMPA, FL 33609**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**51-0428321**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DUTCHER, DEVIN  
8519 BELLA WAY  
TAMPA, FL 33635**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	DUTCHER, JIM
STREET ADDRESS	360 LARBOARD WAY
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	D
NAME	DUTCHER, SHERYL
STREET ADDRESS	360 LARBOARD WAY
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	PCEO
NAME	DUTCHER, DEVIN
STREET ADDRESS	8519 BELLA WAY
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	V
NAME	ZWIERKO, GEORGE
STREET ADDRESS	6804 DIXON AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:**

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

Date

Daytime Phone #

**2/19/04**