

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90092 008 \*\*\*\*55.00

**DOCUMENT # L02000025686**

1. Entity Name  
**XIT INVESTMENTS LLC**



Principal Place of Business  
**10117 KINGSBRIDGE AVE.  
TAMPA, FL 33626**

Mailing Address  
**10117 KINGSBRIDGE AVE.  
TAMPA, FL 33626**

**24001669**



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0747227**

Applied For  
Not Applicable

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

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

**FOUNTAIN, KELLY L  
10117 KINGSBRIDGE AVE.  
TAMPA, FL 33626**

**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 reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FOUNTAIN, KELLY L  
10117 KINGSBRIDGE AVE.  
TAMPA, FL 33626**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FOUNTAIN, ROBERT E  
10117 KINGSBRIDGE AVE.  
TAMPA, FL 33626**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GORE, WILLIAM M  
29619 MORNINGMIST DR.  
WESLEY CHAPEL, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GORE, JILL M  
29619 MORNINGMIST DR.  
WESLEY CHAPEL, FL 33543**

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:** *Kelly L Fountain* **Kelly L Fountain** **Jan 12 2004** **8139202717**

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

Date

Daytime Phone #