

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000027251

1. Entity Name  
DISPATCH CREEK, LLC



FILED

04 JUL -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
35 OCEAN REEF DRIVE, SUITE 120  
KEY LARGO, FL 33037

Mailing Address  
35 OCEAN REEF DRIVE, SUITE 120  
KEY LARGO, FL 33037



2. Principal Place of Business  
31 Ocean Reef Dr.

3. Mailing Address  
31 Ocean Reef Dr.

Suite, Apt. #, etc.

C-206

Suite, Apt. #, etc.

C-206

06112004 Chg-LLC CR2E083 (10/03)

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

27-0034727

Applied For

Not Applicable

Zip

33037

Country

monroe

Zip

33037

Country

monroe

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPUS, INC.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133

Name Samuel PERMAN, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1320 S. Dixie Hwy - #715

City Coral Gables

FL

Zip Code 33146

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

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME POST, RUSSELL  
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 120  
CITY-ST-ZIP KEY LARGO, FL 33037 ☒ Delete

TITLE MGR  
NAME James E. Burke  
STREET ADDRESS 31 Ocean Reef Dr. #C-206  
CITY-ST-ZIP Key Largo, FL 33037 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 900038844509  
07/07/04--01076--004 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

James E. Burke

6/24/04

305-367-0054

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

Date

Daytime Phone #