

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027795

**FILED**  
**Jan 12, 2004**  
**Secretary of State**

**Entity Name:** WINTHROP LLC

**Current Principal Place of Business:**

410 NORTH RIDE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

410 NORTH RIDE  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

410 NORTH RIDE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301 US

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

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301 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: ROBERT A. PIERCE

01/12/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FIGG, ANN RUTH  
Address: 410 NORTH RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FIGG, ANN RUTH  
Address: 410 NORTH RIDE  
City-St-Zip: TALLAHASSEE, FL 32303 US

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: ANN RUTH FIGG

MGRM

01/12/2004

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