FILED
May 26, 2004 8:00 am
Secretary of State
04-14-2004 90283 047 ****50.00

4/14/
4/1.

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027821

1. Entity Name
ROGERS, LLC

34007629

Principal Place of Business	Mailing Address
8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242	8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03252004 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-2096108 ~~NOT APPLICABLE~~ — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
JAMES, E. RUSSELL
8585 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☒ Delete
NAME	ROGERS, MAN L	
STREET ADDRESS	8585 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	MGRM managing member	☐ Delete
NAME	JAMES, ERUSSELL	
STREET ADDRESS	8585 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: E. Russell ______ 4/9/04 941-346-9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #