


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-23-2004 90346 024 ****50.00

DOCUMENT # L02000028972					
1. Entity Name APEXALON, LLC					
Principal Place of Business 8413 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610			Mailing Address 8413 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 11-3659711					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					
JEFFRIES, DAVID M 101 EAST KENNEDY BLVD., SUITE 1030 TAMPA, FL 33602					
7. Name and Address of New Registered Agent					
Name: <u>Haughey, R.J. II</u>					
Street Address (P.O. Box Number is Not Acceptable): <u>100 S. ASHLEY DR</u>					
Suite: <u>SUITE 2150</u>					
City: <u>Tampa</u> State: <u>FL</u> Zip Code: <u>33602</u>					
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/9/04</u>					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS PEARSON, GLENN <input type="checkbox"/> Delete 8413 LAUREL FAIR CIRCLE STE 100 TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILA, IAN <input type="checkbox"/> Delete 8413 LAUREL FAIR CIRCLE STE 100 TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ROBERT E <input type="checkbox"/> Delete 8413 LAUREL FAIR CIR STE 100 TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> DATE: <u>2/19/04</u> (813) 630-1017					