


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90126 001 \*\*\*150.00

**DOCUMENT # L02000029924**

1. Entity Name  
**DEPOT, LLC**



Principal Place of Business  
**78 WEST CHURCH, SUITE 130  
 ORLANDO, FL 32801**

Mailing Address  
**P.O. BOX 3149  
 ORLANDO, FL 32802**

**34009311**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**~~130 WEST CHURCH SUITE 130~~**

3. Mailing Address  
 Suite, Apt. #, etc.  
**~~P.O. BOX 3149~~**

City & State  
**~~ORLANDO, FL~~**

Zip Country  
**~~32801 FL~~**

03182003 Chg-LLC CR2E083 (10/03)

\*4. FEI Number **55-0829169** Applied For  
**APPLIED FOR** Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLING, ROBERT I 78 W CHURCH ST, STE 130 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** ROBERT I. KLING 5/24/04 407-316-8800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #