2004 LIMITED LIABILITY COMPANY

FILED Mar 29, 2004 08:00 AN

ANNUAL REPURI				Secretary of State	
1. Entity Nan	MENT # L020000301	154			ictury of State
Principal Place of Business 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606 US Mailing Address 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606 US			t (mai) (mat) mai) mai) mai) mai) (mai) (mai)	i senes (illi ssich ihre bill berner 12 her	
				03222004 No Chg-LLC	CR2E083 (10/03)
: C	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 33-1030127	Applied For Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
7211 HIAV	6. Name and Address of Current R D.P. VIRGILIO, CPA, PA VATHA PARKWAY IILL, FL 34606	egistered Agent		DO NOT W IN THIS SP	
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, typoid or or need name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when remistang) DATE					
Filing Fee is \$50.00 Due by May 1, 2004					
9.	MANAGING MEMBER	S/MANAGERS	Taran Maria da		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUELYN R. CAMPBELL, CPA 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606			, 100000	090589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYMOND P. VIRGILIO, CPA, PĀ 7211 HIAWATHA PARKWAY SPRING HILL, FL 34606				80046-022 50.00
TITLE NAME STREET ADDRESS CLIY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
INTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. Thereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

R. CAMPBELL

3/22/04 Date <u>352-683-7365</u> Daytime Phone #