



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90188 034 ****50.00

DOCUMENT # L02000030597 1. Entity Name GIRARDIN, BRIANT & BALDWIN, LLC					
Principal Place of Business 5147 CASTELLO DRIVE NAPLES, FL 34103			Mailing Address 5147 CASTELLO DRIVE NAPLES, FL 34103		
2. Principal Place of Business 4099 TAMiami TRAIL N Suite, Apt. #, etc. Suite 200		3. Mailing Address 4099 TAMiami TRAIL N Suite, Apt. #, etc. Suite 200			
City & State Naples, FL		City & State Naples, FL		01082004 Chg-LLC CR2E083 (10/03)	
Zip 34103		Country USA		4. FEI Number 01-0752685	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For... Not Applicable			
6. Name and Address of Current Registered Agent BALDWIN, SCOTT L 5147 CASTELLO DRIVE NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4099 TAMiami TRAIL N Suite 200 City Naples FL Zip Code 34103		
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>Scott L. Baldwin</u> <u>Scott L. Baldwin</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARDIN, PETER L 5147 CASTELLO DRIVE NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4099 TAMiami TRAIL N #200 NAPLES, FL 34103	<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>Peter L. Girardin</u> <u>Peter L. Girardin</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					