

**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
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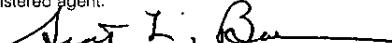
2. Principal Place of Business 4099 TAMAMI TRAIL N Suite 200	3. Mailing Address 4099 TAMAMI TRAIL N Suite 200
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City & State Naples, FL Zip 34103	City & State NAPLES, FL Zip 34103
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Country USA	Country
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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 TAMAMI TRAIL N Suite 200 City Naples FL Zip Code 34103	
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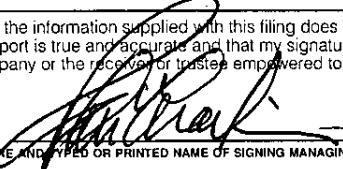
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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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 TAMAMI TRAIL N #200 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #