

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90027 024 ****50.00

DOCUMENT # L02000030674

1. Entity Name
MIKE SHAD, P.L.



Principal Place of Business
5031 YACHT CLUB ROAD
JACKSONVILLE, FL 32210

Mailing Address
5031 YACHT CLUB ROAD
JACKSONVILLE, FL 32210

24003066



2. Principal Place of Business

2720 Park St
Suite, Apt. #, etc.
Suite 205

3. Mailing Address

2720 Park St
Suite, Apt. #, etc.
Suite 205

01162004 Chg-LLC CR2E083 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

36-4515612

Applied For

Not Applicable

Zip

32205

Country

Zip

32205

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHAD, H.W. ☐ Delete
STREET ADDRESS 5031 YACHT CLUB RD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

H.W. Shad (H.W. Shad)

1-16-04

904-388-0645

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

Date

Daytime Phone #