


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2004 90450 006 ****50.00

DOCUMENT # L02000030913		
1. Entity Name ABSOLUTE SOLUTIONS, LLC		

Principal Place of Business 15905 SCRIMSHAW DRIVE TAMPA, FL 33624 US	Mailing Address 15905 SCRIMSHAW DRIVE TAMPA, FL 33624 US
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24049706

2. Principal Place of Business 8709 52nd Ave E Suite, Apt. #, etc.	3. Mailing Address 8709 52nd Ave E, Suite, Apt. #, etc.
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04192004 Chg-LLC CR2E083 (10/03)

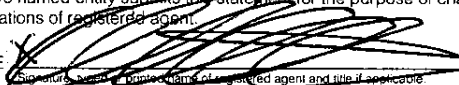
City & State Bradenton Florida	City & State Bradenton, Florida
Zip 34211	Zip 34211
Country Manatee	Country Manatee

4. FEI Number 27-0044947	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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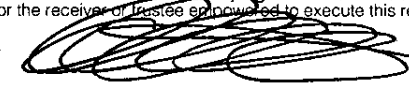
6. Name and Address of Current Registered Agent	
WARREN, CHRIS 15905 SCRIMSHAW DRIVE TAMPA, FL 33624	

7. Name and Address of New Registered Agent	
Name Warren, Chris	
Street Address (P.O. Box Number is Not Acceptable) 8709 52nd Ave E	
City Bradenton	FL Zip Code 34211

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 	DATE April 19, 2004

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	MGR WARREN, CHRIS D PRES 15905 SCRIMSHAW DRIVE TAMPA, FL 33624 <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: 	DATE April 19, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone # 813-263-5626	