

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90232 033 ****50.00

DOCUMENT # L02000030996

1. Entity Name
KEEP THE CHANGE, LLC



Principal Place of Business
**2400 NE 5TH AVE
WILTON MANORS, FL 33305 US**

Mailing Address
**342 11TH STREET SE
WASHINGTON, DC 20003 US**

24020168



2. Principal Place of Business

3. Mailing Address

2400 NE 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004 Chg-LLC CR2E083 (10/03)

City & State

City & State

WILTON MANORS, FL

4. FEI Number

03-0493165

Applied For

Not Applicable

Zip

Country

Zip

Country

33305 US A

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required:**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCE, ROGER A
2400 NE 5TH AVE
WILTON MANORS, FL 33305**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANCE, ROGER A
342 11TH STREET SE
WASHINGTON, DC 20003** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANCE, Roger
2400 NE 5TH Avenue
WILTON, Manors FL 33305** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GILLESPIE, BILL
2400 NE 5TH AVE
WILTON MANORS, FL 33305** ☐ Delete

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

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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

March 8, 2004
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