

AMENDED

50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 12 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L02000031568 | |  | |
| 1. Entity Name STREAT & ASSOCIATES, LLC | | | |
| Principal Place of Business 254 N.W. 6TH AVENUE BOCA RATON, FL 33432 | | Mailing Address 254 N.W. 6TH AVENUE BOCA RATON, FL 33432 | |
| 2. Principal Place of Business 250 N.W. 5th AVENUE Suite, Apt. #, etc. | | 3. Mailing Address 250 N.W. 5th AVENUE Suite, Apt. #, etc. | |
| City & State BOCA RATON, FLORIDA | | City & State BOCA RATON, FLORIDA | |
| Zip 33432 | Country USA | Zip 33432 | Country USA |
| 4. FEI Number 01-0754974 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STREAT, PHILIP P 254 N.W. 6TH AVENUE BOCA RATON, FL 33432 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STREAT, PHILIP P 254 N.W. 6TH AVENUE BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mgrm/President Streat, Philip P. 250 N.W. 5th Avenue Boca Raton, Florida 33432 <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 | Mgrm/Vice President Streat, Lorraine 250 N.W. 5th Avenue Boca Raton, Florida 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300037060553 05/24/04--01113--004 **200.00 <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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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Philip Streat</u> <u>5/3/04</u> | | Philip P. Streat, President 561-347-8596 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |