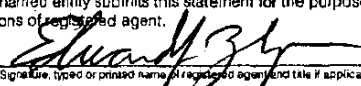
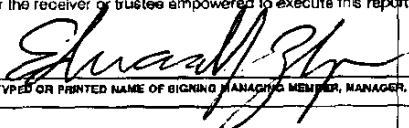


FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90087 015 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000031776			
1. Entry Name LAST TYCOON, LLC			
Principal Place of Business 4744 SPINNAKER DRIVE BRADENTON, FL 34208 US		Mailing Address 4744 SPINNAKER DRIVE BRADENTON, FL 34208 US	
2. Principal Place of Business 1301 14th Street West Suite, Apt. #, etc.		3. Mailing Address 1301 14th Street West Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34205 Country USA		Zip 34205 Country USA	
4. FEI Number 42-1562015		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		07072004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent UCCELLO, ANTONIO F III 4744 SPINNAKER DRIVE BRADENTON, FL 34208		7. Name and Address of New Registered Agent Name Edward J. Zbiegien Jr. Street Address (P.O. Box Number is Not Accessible) 1301 14th Street West City Bradenton FL Zip Code 34205	
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 7/19/04 (NOTE: Registered Agent's signature required when reappointing)			
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 UCCELLO, ANTONIO F III 4744 SPINNAKER DRIVE BRADENTON, FL 34208 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward J. Zbiegien Jr. 1301 14th Street West Bradenton FL 34205 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: 		Date 7/19/04 Daytime Phone # 941-713-0722	

24079500

