

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032130

Entity Name: LENCOR, LLC

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

1223 YACHT HARBOR DRIVE
OSPREY, FL 34229

New Principal Place of Business:

6206 BENJAMIN ROAD
SUITE 301
TAMPA, FL 33634

Current Mailing Address:

1223 YACHT HARBOR DRIVE
OSPREY, FL 34229

New Mailing Address:

6206 BENJAMIN ROAD
SUITE 301
TAMPA, FL 33634

FEI Number: 22-3885618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENNON, JOSEPH C MR.
1223 YACHT HARBOR DRIVE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

LENNON, JOSEPH C MR.
6206 BENJAMIN ROAD
SUITE 301
TAMPA, FL 33634 US

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.

SIGNATURE:

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LENNON, JOSEPH
Address: 1223 YACHT HARBOR DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGR () Delete
Name: KILLANIN, JOHN
Address: 6206 BENJAMIN RD #301
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LENNON, JOSEPH
Address: 1223 YACHT HARBOR DRIVE
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN KILLANIN

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date