

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90004 045 ****50.00

DOCUMENT # L02000033548

1. Entity Name
A MAN'S TALE, LLC



Principal Place of Business
**3305 OLDE WHARF RUN
WINTER PARK, FL 32792**

Mailing Address
**3305 OLDE WHARF RUN
WINTER PARK, FL 32792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

42-1564281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAN ANDREAS, DISCO
429 E. PINE STREET, #3
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

114 BRIGHTVIEW DR

City **LAKE MARY**

FL

Zip Code **32746**

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **TUSCANI, ROBERT**
STREET ADDRESS **3305 OLDE WHARF RUN**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

TITLE **MGR** ☐ Delete
NAME **SAN ANDREAS, DISCO**
STREET ADDRESS **429 EAST PINE STREET, #3**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **114 BRIGHTVIEW DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **MGR** ☐ Delete
NAME **BRANDBO, KATHRYN**
STREET ADDRESS **1115 EAST WASHINGTON STREET, #2**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **400 E. HILLCREST ST**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

SAN ANDREAS DISCO SAN ANDREAS **28 AUG 04** **407.679.0100**