



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90555 043 \*\*\*\*50.00

<b>DOCUMENT # L02000033870</b>					
<b>1. Entity Name</b> LARCO, LLC					
<b>Principal Place of Business</b> 8270 PARKSIDE DR. ENGLEWOOD, FL 34224			<b>Mailing Address</b> 8270 PARKSIDE DR. ENGLEWOOD, FL 34224		
<b>2. Principal Place of Business</b> 8035 Manasota Key Rd.		<b>3. Mailing Address</b> 8035 Manasota Key Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192004    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> ENGLEWOOD		<b>City &amp; State</b> ENGLEWOOD		<b>4. FEI Number</b> 33-1034774	
<b>Zip</b> 34223		<b>Country</b> SARASOTA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> HAVEMAN, LARRY E. 8270 PARKSIDE DR. ENGLEWOOD, FL 34224		<b>7. Name and Address of New Registered Agent</b>			
8035 Manasota Key Rd. 34223		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE <i>[Signature]</i>		LARRY E. HAVEMAN		3-24-04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete HAVEMAN, LARRY E 8270 PARKSIDE DRIVE    8035 Manasota Key Rd. ENGLEWOOD, FL 34224    34223		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	
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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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	
<b>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.</b>					
SIGNATURE: <i>[Signature]</i>		LARRY E. HAVEMAN		941-721-8092	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date    3-24-04		Daytime Phone #	