


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90001 027 \*\*\*\*50.00

<b>DOCUMENT # L02000034737</b> 1. Entity Name <b>MARKET MANGEMENT, LLC</b>					
Principal Place of Business <b>200 S KNOWLES AVENUE WINTER PARK FL 32789</b>			Mailing Address <b>200 S KNOWLES AVENUE WINTER PARK FL 32789</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>73-1628586</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TEDROW, THOMAS L 200 S KNOWLES AVENUE WINTER PARK FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Robert S. TSMANU - PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>222 Pennsylvania Ave Ste 200</b> <b>Winter Park, FL 32789</b> City <b>FL</b> 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. <i>R. H. T. S. TSMANU</i>					
SIGNATURE		DATE <b>2/5/04</b>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>TEDROW, THOMAS 200 S KNOWLES AVE WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>			Date <b>1-26-04</b> Daytime Phone # <b>407 622 2040</b>		



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 2, 2004

MARKET MANGEMENT, LLC  
200 S KNOWLES AVENUE  
WINTER PARK, FL 32789

Subject: MARKET MANGEMENT, LLC

Reference Number: L02000034737

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION

Attachment  
34000328  
Bob, Please  
SIGN  
and forward  
on. The check  
has been  
sent TWT