


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90282 008 ****50.00

DOCUMENT # L03000000036 1. Entity Name COURIER CITY DEVELOPMENT, LLC					
Principal Place of Business 809 SOUTH ALBANY AVENUE TAMPA, FL 33606 US			Mailing Address 809 SOUTH ALBANY AVENUE TAMPA, FL 33606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04202004 Chg-LLC		CR2E083 (10/03)	
4. FEI Number 30-0140282				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEAVYHOUSE, RUSSELL K ESQUIRE C/O PEAVYHOUSE & OPP, P.A. 1001 EAST BAKER STREET, STE. 201 PLANT CITY, FL 33563-3700			Name Skokos, Peter Z Street Address (P.O. Box Number is Not Acceptable) 1819 main Street Ste 610 City Sarasota FL Zip Code 34236		
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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE 4-30-04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUZZI, PAUL A 809 SOUTH ALBANY AVENUE TAMPA, FL 33606 <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		
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		
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: _____		PAUL PALUZZI AS MANAGER 4/23/04 882588500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			