## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

YPED OR PRINTED NAME OF SIGNING MANAGING

## DOCUMENT # L03000000279 FILED DANIEL & ELIZABETH, LLC 2004 OCT\_LL \_PM 4: 39 DIVIJION OF CORPORATIONS Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1301 44TH AVENUE EAST 1301 44TH AVENUE EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For ✓ Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 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. 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MURM TITLE M G-RM Delete Change **→**Addition NAME DANIEL 4 CALLAGHAN DANIEL C. CALLAGHAN STREET ADDRESS 1301 44th AVE E. STREET ADDRESS 1301 44 MAVE 区 CITY-ST-ZIP BRADENTON, FL CITY-ST-ZIP BRADBNION, PL 34203 MGRM TITLE TITLE MERM ☐ Delete Change NAME GLIZABETH CALLAGHAN NAME BLIZABETH CALLAGHAN 1301 44th AVE B 1301-444 AVE-E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRALENTON PL 34203 TITLE ☐ Delete TITLE 200041943852 ☐ Addition NAME NAME STREET ADDRESS 10/18/04--01074--001 \*\*50.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 80230-1-1 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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 be the same legal effect as it 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/16/04 (941) 751-1577