

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90239 019 ****55.00

DOCUMENT # L03000000553					
1. Entity Name INVESTMENTALITY, LLC					
Principal Place of Business 6312 ROSE RUSH COURT BRADENTON, FL 34202			Mailing Address 6312 ROSE RUSH COURT. BRADENTON, FL 34202		
2. Principal Place of Business 162 Island Circle Suite, Apt. #, etc.		3. Mailing Address 162 Island Circle Suite, Apt. #, etc.			
City & State Sarasota, FL 34242		City & State Sarasota, FL 34242		4. FEI Number 050558191	
Zip 34242		Country United States		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VOIGHT, STEPHEN F SR. 2042 BEE RIDGE ROAD SARASOTA, FL 34239				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent's signature required when relocating) DATE _____					
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 DONOVAN, CORBETT S 6312 ROSE BUSH COURT BRADENTON, FL 34202	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	162 Island Circle Sarasota, FL 34242	<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			
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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:		5/1/04		941954-5454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					