2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90073 014 ****50.00

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DOCUMENT # L03000001009

1. Entity Name
ANGEL GROUP LIMITED COMPANY

Principal Place of Business	Mailing Address
~~8639 NORTH HIMES AVENUE~~ ~~SUITE 2103~~ ~~TAMPA, FL 33614~~	8639 NORTH HIMES AVENUE SUITE 2103 TAMPA, FL 33614

02262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 3567 Tabernacle Place		Suite, Apt. #, etc. 3567 Tabernacle Place	
City & State Tampa, Fl		City & State Tampa, Fl	
Zip 33607	Country USA	Zip 33607	Country USA

4. FEI Number 27-0041383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUGUAY, FREDERICK
~~8639 NORTH HIMES AVENUE~~
~~2103~~
~~TAMPA, FL 33614~~
3567 Tabernacle Place
Tampa, Fl 33607

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 [signature] 2/26/04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KAKRIDAS, ELAINE		NAME	
STREET ADDRESS	~~8639 NORTH HIMES AVENUE, 2103~~ 3567 Tabernacle		STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA, FL 33614~~ Place, Tampa		CITY-ST-ZIP	Fl 33607
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUGUAY, FREDERICK 3567 Tabernacle Place		NAME	
STREET ADDRESS	~~8639 NORTH HIMES AVENUE~~		STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA, FL 33614~~ Tampa, Fl 33607		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	
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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			CITY-ST-ZIP	

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: [signature] Frederick Duguay 2/24/04 813-391-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #