2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2004 8:00 am Secretary of State

DOCUMENT # L0300001009 1. Entity Name ANGEL GROUP LIMITED COMPANY)	03-04-2004	4 90073 014 *	***50.00
Principal Place 8639 NORTH -SUITE 2103 TAMPA, FL	l Himes avenue	Mailing Address 8639 NORTH HIMES AVE SUITE 2103 TAMPA, FL 33614	NUE		 	1164 IIIII 61III 11III 15II	24016(
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. 3567 TA beanacle Place		Suite, Apt. #, etc. 3567 TabeRIACLE PLACE		02262004	Chg-LLC	CR2E083 (10/		
City & Stat		City & State			4. FEI Number		<u> </u>	Applied For Not Applicable
Zip	Country	I AMPON, + 1	Country		a 1-00	41383	\$5.00	
3360	_ I .	3,3607	ASU		5. Certificate of	of Status Desired	Fee Re	Additional quired
- به در د	6. Name and Address of Current		<u> </u>		7. Name and	Address of New R	egistered Agent	
			Nam	ie		_		
	FREDERICK	- I Tabanasal-	Stree	et Address	(P.O. Box Number	is Not Acceptable	*)	
-8639 NORTH HIMES AVENUE 3567 TABECHACLE				ut Address	(1.0. DOX 14d11bc)	is Not Acceptable	· <i>1</i>	
TAMPA; F	L 33614 -	Plac	I	•				
	TA	impa, F1 33607	City				- Zin	Code
		17	City				FL Zip	Code
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered offic	e or registe	ered agent, or both	, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed parts of registered agent	t and title if applicable. (NOTE: F	Registered Agent s	ignature require	rd when reinstating)		1/36/04	
Filing Fee is \$50.00 Due by May 1, 2004								
Fi Di	iling Fee is \$50.00 ue by May 1, 2004						e check payable Department of	
9	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBI	ERS/MANAGERS	10.				Department of	
Di	MANAGING MEMBI MGR KAKRIDAS, ELAINE 8639 NORTH HIMES AVENUE.	□ Detete 3567 -2103 Tabernacle	10. TITLE NAME STREET ADDRE		27/27	Florida	Department of	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR KAKRIDAS, ELAINE -8639 NORTH HIMES AVENUE, TAMPA, PL 33814 MGR	□ Delete 3567 2103 Taberhacle Place, Tampa □ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE		33607	Florida	Department of CHANGES	State Inge Addition
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11. I hereby certify that the information supplied with this filling does not quality 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:

AND TYPED OR PRINTED WAME OF SIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZ

2/24/p4

813-391-1942