

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-04-2004 90073 014 ****50.00

DOCUMENT # L03000001009	
1. Entity Name ANGEL GROUP LIMITED COMPANY	

Principal Place of Business 8639 NORTH HIMES AVENUE SUITE 2103 TAMPA, FL 33614	Mailing Address 8639 NORTH HIMES AVENUE SUITE 2103 TAMPA, FL 33614
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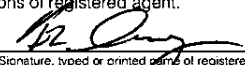
2. Principal Place of Business Suite, Apt. #, etc. 3567 Tabernacle Place City & State Tampa, FL Zip 33607 Country USA		3. Mailing Address Suite, Apt. #, etc. 3567 Tabernacle Place City & State Tampa, FL Zip 33607 Country USA	
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02262004 Chg-LLC CR2E083 (10/03)

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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  DATE **2/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAKRIDAS, ELAINE 8639 NORTH HIMES AVENUE, 2103 TAMPA, FL 33614 3567 Tabernacle Place, Tampa	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUGUAY, FREDERICK 8639 NORTH HIMES AVENUE TAMPA, FL 33614 3567 Tabernacle Place Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  FREDERICK DUGUAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 2/24/04 Date	DAYTIME PHONE: 813-391-1942 Daytime Phone #
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