



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90130 027 ****50.00

DOCUMENT # L03000002564					
1. Entity Name SIESTA KEY NORTH, LLC					
Principal Place of Business 707 W. AZEELE STREET TAMPA, FL 33606			Mailing Address 707 W. AZEELE STREET TAMPA, FL 33606		
2. Principal Place of Business 1700 S. MacDill Ave. Suite, Apt. #, etc. Suite 340 City & State Tampa, FL Zip 33629 Country USA		3. Mailing Address 1700 S. MacDill Ave. Suite, Apt. #, etc. Suite 340 City & State Tampa, FL Zip 33629 Country USA			
4. FEI Number 03302004 Chg-LLC CR2E083 (10/03) 45 - 0498399				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent JONES, BRENT A 220 SOUTH FRANKLIN STREET TAMPA, FL 33602	
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 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	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	10. ADDITIONS/CHANGES Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brett B. Arthur Revocable Trust 1700 S. MacDill Avenue, Suite 340 Tampa, FL 33629	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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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: <u>Brett B. Arthur</u>		Date <u>4/1/04</u>		Daytime Phone # <u>813.258.1748</u>	