## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am DOCUMENT # L03000005938 **Secretary of State** 1. Entity Name 02-25-2004 90282 048 \*\*\*\*50.00 4TH STREET INVESTORS, LLC Principal Place of Business Mailing Address 526 CENTRAL AVE. ST. PETERSBURG FL 33701 526 CENTRAL AVE. 24014253 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address 5% *35* Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For 05-6559 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HERETICK, KENNETH W Street Address (P.O. Box Number is Not Acceptable) 528 CENTRAL AVE. ST. PETERSBURG FL 33701 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** TITE Change TITLE ☐ Addition ☐ Delete NAME HERETICK, KENNETH W NAME 125 54 St 5. STREET ADDRESS STREET ADDRESS 526 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP Delete ☐ Change ☐ Addition THE MGRM TITLE NAME REILLY, PAUL C NAME STREET ADDRESS STREET ADDRESS 8301 TALLAHASSEE DRIVE CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED