

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-26-2004 90161 001 ****55.00

DOCUMENT # L03000005971					
1. Entity Name 12-3000 L.C.				Principal Place of Business 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	
Mailing Address 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236				34002763 	
2. Principal Place of Business		3. Mailing Address		01192004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 05-0556918	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236				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, 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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
			mgrm Buchanan, Vernon G 707 So. Washington Blvd. Sarasota, FL 34236		
			T Narvaez, Christopher R 707 So. Washington Blvd. Sarasota, FL 34236		
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 606, Florida Statutes.					
SIGNATURE: _____			5-23-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		