

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006832

FILED
Apr 30, 2004
Secretary of State

Entity Name: BLUE PARROT OF SARASOTA, LLC

Current Principal Place of Business:

1800 SECOND STREET
SUITE 720
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1800 SECOND STREET
SUITE 720
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 26-0060663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, SHERYL A ESQ
1800 SECOND STREET
SUITE 720
SARASOTA, FL 34236

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BODNAR, BELA TRUSTEE
Address: 5903 PARKVIEW POINT DR.
City-St-Zip: ORLANDO, FL 32821

Title: MGRM () Delete
Name: BODNAR-CARPENTER, ADRIENNE
Address: 5903 PARKVIEW POINT DR.
City-St-Zip: ORLANDO, FL 32821

Title: MGRM () Delete
Name: BODNAR, JOHN
Address: 5903 PARKVIEW POINT DR.
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADRIENNE BODNAR-CARPENTER

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date