

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90075 002 ****55.00

DOCUMENT # L03000009616 1. Entity Name FIDELITY AFFILIATES, LLC			
Principal Place of Business AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607		Mailing Address AFFILIATE DIVISION 5810 WEST CYPRESS STREET, SUITE E TAMPA, FL 33607	
2. Principal Place of Business 5810 W. Cypress St. Suite, Apt. #, etc. Ste A c/o Affiliate Division City & State Tampa FL Zip 33607 Country USA		3. Mailing Address 5810 W. Cypress St. Suite, Apt. #, etc. Ste A c/o Affiliate Division City & State Tampa FL Zip 33607 Country USA	
4. FEI Number 57-1155860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 Heather Whitacre - Heather Whitacre - VP MGRM DATE 1-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P <input type="checkbox"/> Delete NAME BARRY, CAROL C STREET ADDRESS 5810 W. CYPRESS ST. STE E CITY-ST-ZIP TAMPA, FL 33607	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Barry, Carol C. STREET ADDRESS 5810 W. Cypress St, Ste A. CITY-ST-ZIP Tampa, FL 33607		
TITLE VPS <input type="checkbox"/> Delete NAME JOHNSON, TODD C STREET ADDRESS 601 RIVERSIDE AVE. CITY-ST-ZIP JACKSONVILLE, FL 32204	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME CHIANELLO, KEVIN STREET ADDRESS 601 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPT <input type="checkbox"/> Delete NAME FARENGA, PATRICK STREET ADDRESS 601 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ASVP <input type="checkbox"/> Delete NAME NEMZUNA, MARIARIE STREET ADDRESS 171 NORTH CLARK ST. CITY-ST-ZIP CHICAGO, IL 60601	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME WHITACRE, HEATHER STREET ADDRESS 5810 W. CYPRESS ST., STE. E CITY-ST-ZIP TAMPA, FL 33607	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Whitacre, Heather STREET ADDRESS 5810 W. Cypress St, Ste A. CITY-ST-ZIP Tampa FL 33607		
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: Heather Whitacre - VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1-14-05 Daytime Phone # 813-289-7777	