

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009881

FILED
Jan 05, 2004
Secretary of State

Entity Name: REMORA PARTNERS, LLC

Current Principal Place of Business:

605 E. ROBINSON STREET, STE. 420
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

605 E. ROBINSON STREET, STE. 420
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 30-0159224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, BLAINE
605 E. ROBINSON STREET, STE. 420
ORLANDO, FL 32801

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JAMISON, ELLIOTT C
Address: 605 E. ROBINSON STREET, STE 420
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR () Change (X) Addition
Name: SPAETH, JAMES D
Address: 605 E. ROBINSON STREET, STE 420
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR () Change (X) Addition
Name: STRICKLAND, BLAINE
Address: 605 E. ROBINSON STREET, STE 420
City-St-Zip: ORLANDO, FL 32801 US

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: JAMES D. SPAETH

MGR

01/05/2004

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