
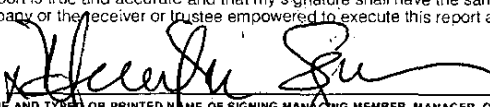


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90073 007 \*\*\*\*50.00

|   |  |                     |  |  |  |
|---|--|---------------------|--|--|--|
| DOCUMENT # L03000010822   |  |                     |  |   |  |
| 1. Entity Name<br>SEYMOUR & ASSOCIATES, LLC   |  |                     |  |  |  |
| Principal Place of Business<br>202 SOUTH MATANZAS AVENUE<br>TAMPA, FL 33609   |  |                     | Mailing Address<br>202 SOUTH MATANZAS AVENUE<br>TAMPA, FL 33609  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |  |  |  |
| City & State  |  | City & State        |  |  |  |
| Zip   |  | Country             |  | Zip  |  |
| Country   |  | Country             |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>SEYMOUR, MICHAEL M<br>202 SOUTH MATANZAS AVENUE<br>TAMPA, FL 33609   |  |                     |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"><span><b>FL</b></span><span>Zip Code</span></div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____  |  |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  |                     | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SEYMOUR, MICHAEL M<br>202 SOUTH MATANZAS AVENUE<br>TAMPA, FL 33609 <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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:   |  |                     | <div style="display: flex; justify-content: space-between;"> <span>March 1, 2004</span> <span>813-350-9017</span> </div> |  |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Florida Phone #   |  |                     |  |  |  |