
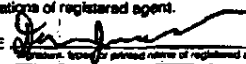


**FILED**  
**Aug 17, 2004 8:00 am**  
**Secretary of State**

7/22  
 2/2/11  
 7/

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

07-22-2004 90097 040 \*\*\*\*50.00  
 02-11-2004 90212 049 \*\*\*\*50.00

<b>DOCUMENT # L03000012194</b>					
1. Entity Name 5327 US 19, LLC					
Principal Place of Business 4314 HARBOR WATCH LANE LUTZ, FL 33558		Mailing Address 4314 HARBOR WATCH LANE LUTZ, FL 33558			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0164641	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LITTLE, THOMAS C 2123 N.E. COACHMAN ROAD SUITE A CLEARWATER, FL 33765			Name: <u>DAV JOHNSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>31940 U.S. 19 N</u> City: <u>Palm Harbor</u> FL <u>34684</u>		
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 signatures required when renouncing.		DATE: _____	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Domenic DiFante</u> <input type="checkbox"/> Delete <del>4314 Harbor Watch Ln Lutz Fla 33558</del> <u>4314 Harbor Watch Ln Lutz Fla 33558</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(f), 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: <u>Domenic DiFante</u>		Date		Daytime Phone #	

34009954



07022004 Chg-LLC CR2E083 (10/03)

*Managt. Member*