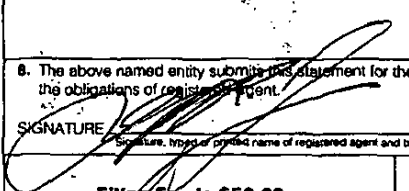
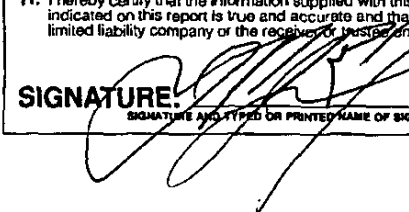


**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90072 003 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                        |         |                                                                                                                                                                                                                             |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L03000012938</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                                        |         |                                                                                                                                            |                                                                   |
| 1. Entity Name<br><b>BRYANT, CLARK, MISA GROUP, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                        |         |                                                                                                                                                                                                                             |                                                                   |
| Principal Place of Business<br><b>1007 W. CLEVELAND STREET<br/>TAMPA, FL 33609</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                | Mailing Address<br><b>1007 W. CLEVELAND STREET<br/>TAMPA, FL 33609</b> |         |                                                                                                                                                                                                                             |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                | 3. Mailing Address                                                     |         |                                                                                                                                                                                                                             |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | Suite, Apt. #, etc.                                                    |         |                                                                                                                                                                                                                             |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                | City & State                                                           |         |                                                                                                                                                                                                                             |                                                                   |
| Zip<br><b>33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                        | Zip<br><b>33606</b>                                                    | Country | 4. FEI Number<br><b>04-3750552</b>                                                                                                                                                                                          |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                        |         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                      |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>PORTO, CURRAN K<br/>1011 NORTH ARMENIA AVENUE<br/>TAMPA, FL 33607</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                        |         | 7. Name and Address of New Registered Agent<br>Name<br><b>Joseph R. Bryant</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1007 W. Cleveland Street</b><br>City<br><b>Tampa</b> FL Zip Code<br><b>33606</b> |                                                                   |
| 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.<br>SIGNATURE  DATE <b>April 27, 2004</b><br>(NOTE: Registered Agent signature required when reappointing)                                                                                     |                                                                                                                                |                                                                        |         |                                                                                                                                                                                                                             |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                | Make check payable to<br>Florida Department of State                   |         |                                                                                                                                                                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                        |         | 10. ADDITIONS/CHANGES                                                                                                                                                                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Managing Partner <input type="checkbox"/> Delete<br><b>Joseph R. Bryant<br/>1007 W. Cleveland St.<br/>Tampa, Florida 33606</b> |                                                                        |         | 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 606, Florida Statutes. |                                                                                                                                |                                                                        |         |                                                                                                                                                                                                                             |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                                        |         | April 27, 2004 813/769-0328                                                                                                                                                                                                 |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                                        |         | Date Daytime Phone #                                                                                                                                                                                                        |                                                                   |

**34006119**

