2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-11-2004 90210 030 ****50.00

DOCUMENT # L03000013509

1. Entity Name
PAIR OF PIRATES, L.L.C.

Principal Place of Business	Mailing Address
~~556 LAGUNA VISTA COURT~~ ~~LARGO FL 33771~~ 19937 Gulf Blvd D-3 Indian Shores, FL 33785	~~556 LAGUNA VISTA COURT~~ ~~LARGO FL 33771~~ same
2. Principal Place of Business: 19937 Gulf Blvd	3. Mailing Address: 19937 Gulf Blvd
Suite, Apt. # etc.: D-3	Suite, Apt. # etc.: D3
City & State: Indian Shores, FL	City & State: Indian Shores, FL
Zip: 33785 Country: USA	Zip: 33785 Country: USA

MOORE CR2E083 (11/03)

4. FEI Number: 75-3111789 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARIAS, RUI ~~556 LAGUNA VISTA COURT~~ 19937 Gulf Blvd D-3 ~~LARGO FL 33771~~ Indian Shores, FL 33785	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 ________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. / SUSAN HARROD / 19937 Gulf Blvd D3 / Indian Shores, FL 33785 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Susan Harrod 2-6-04 727 5950273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #