2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L03000014010

Entity Name: MASSIE, CARR & SIMON, CPAS, PLLC

Current Principal Place of Business:

12065 METRO PKWY
SUITE 101
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

12065 METRO PKWY
SUITE 101
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 56-2345694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES ABELS MASSIE, C.P.A., P.A.
12065 METRO PKWY
SUITE 101
FT. MYERS, FL 33912 US

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: P,D ( ) Delete
Name: CHARLES ABELS MASSIE, , CPA, PA
Address: 12065 METRO PKWY
City-St-Zip: FT. MYERS, SUITE 101, FL 33912 US

Title: S,D ( ) Delete
Name: DAVID P. CARR, CPA,, P.A.
Address: 12065 METRO PKWY, SUITE 101
City-St-Zip: FT. MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHARLES ABELS MASSIE, , CPA, PA
Address: 12065 METRO PKWY
City-St-Zip: FT. MYERS, SUITE 101, FL 33912 US

Title: MGR (X) Change ( ) Addition
Name: DAVID P. CARR, CPA,, P.A.
Address: 12065 METRO PKWY, SUITE 101
City-St-Zip: FT. MYERS, FL 33912 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: CHARLES ABELS MASSIE MGR 04/28/2004

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