

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Apr 30, 2004 8:00 am
Secretary of State

4/11

04-16-2004 90417 041 ****50.00

DOCUMENT # L03000014122

1. Entity Name
ILIAN SOUTHWEST, LLC



Principal Place of Business
**4300 W. CYPRESS ST., STE. 900
 TAMPA FL 33607**

Mailing Address
**4300 W. CYPRESS ST., STE. 900
 TAMPA FL 33607**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country Zip Country

4. FEI Number
11-3685662

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
**CASTELLANO, NELSON T
 101 E. KENNEDY BLVD., STE. 2700
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name: **Ricardo A Salas**
 Street Address (P.O. Box Number is Not Acceptable):
**4300 W Cypress
 Suite 900**
 City: **Tampa** FL Zip Code: **33607**

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: *Ricardo A Salas* DATE: **4-15-04**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Ricardo A Salas 4300 W Cypress Suite 900 Tampa FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Wayne Burks 4300 W Cypress Suite 900 Tampa FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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)(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: Wayne Burks CFO Wayne Burks DATE: 4-15-04 DAYTIME PHONE #: 813-855-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #