2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 05, 2004 8:00 am Secretary of State

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PETE ALFONSO JR. ARCHITECT, LI	 LC							
grap på 1980 seus og 1961 g 1971 og 1981 seus og 1971 g								
Principal Place of Business	Mailing Address				2405	8409		
TAMPA, FL= 33614	4406 N. MELTON AVE. Tampa, Fl. 33614	• • •	*	٠, ٠	. 407	0403		
Length and the second of the	•							
2. Principal Place of Business 9770 N ARMENIA AUF_	3. Mailing Address	VENIA M	IE 31					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		072	272004 C	hg-LLC	CR2E083	(10/03)	
City & State TAMPA FL	City & State		· 4. F	El Number	9223	7		plied For Applicable
Zip Country		Country		- 1 1		_ ¢r	5.00 Addi	· · · · · · · · · · · · · · · · · · ·
37612 US	33612	· 45	•	Certificate of St		□ Fe	e Required	
6. Name and Address of Current F	legistered Agent	Name -	7. N	lame and Add	ress of New R		ent	
ALFONSO, PETE JR.			PETE	ALFO		212-		
4406 N. MELTON AVE.		Street Ad		ox Number is i AR ME心	Not Acceptable	ENVE		
TAMPA, FL 33614								
		City T	AM7A			FL	Zip Code	
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of changing its reg				the State of Flo	rida.' I am fan	niliar with, a	and accept
the obligations of registered agent.	•					. /	. / /	
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SIGNATURE 1960 X: MARCE Signature, leped or printed name of registered agent as	nd title it applicable. (NOTE: Reg	gistered Agent signatur	re required when re	instating)	•	7/3 DATE	104	<u></u>
SIGNATURE 2012: WHEN MY MEET Signature, Speci or printed name of registered agent as Bytochies Moon of Brighter	nd fitte if applicable. (NOTE: Reg	gistered Agent signatur	re required when re	instating)		7/3.	104	<u>-</u>
art Dr. W. M. gr. Signature, कृष्टिय के printed name of registered agent at Boundidat Moon of Boar श्रृंदर Filling Fee is: \$50:00	nd title if applicable. (NOTE: Reg	gistered Agent signatur	re required when re	instating)		DATE check pay		<u> </u>
Principal Pizot of Bush ibas Artico N. Witz Siduatine Maga a buured vame of redistered about ar	nd title if applicable. (NOTE: Reg	gistered Agent signatur	re required when re	instating)		DATE check pay Department		<u>*</u>
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BUILDER MEST Signature, \$500 or printed name of registered agent at Building Econ of Brianger Filling Fee is \$50.00 Due by September 8, 2004 9.2342 MANAGING MEMBER		10.	MGC 21 GALCO	PETE SL	Florida ADDITIONS/	Departmen CHANGES		Addition
ந்திர் அது Signature, நீத்தின் printed name of registered agent at நிருப்பு நிருப்பு அருப்பு நிருப்பு	RS/MANAGERS	10.	MGC 21 GALCO	PETE SL ARMEN: A	ADDITIONS/	Departmen CHANGES	t of State	
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11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and a focurate and that my signature shall have the same legal effect as if made under cath; 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: *__

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/04 (813)933-580