

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90036 039 ****50.00

DOCUMENT # L03000015117

1. Entity Name

TEYTELBAUM / GRAHAM, LLC



Principal Place of Business

601 MAIN STREET
DUNEDIN FL 34698
US

Mailing Address

601 MAIN STREET
DUNEDIN FL 34698
US

2. Principal Place of Business

585 MAIN ST

3. Mailing Address

585 MAIN ST.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

DUNEDIN FL

City & State

DUNEDIN FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

05-0574090

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

TEYTELBAUM, RENATA
601 MAIN STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

THOMAS J. GRAHAM

Street Address (P.O. Box Number is Not Acceptable)

585 MAIN ST

SUITE 201

City

DUNEDIN

FL

Zip Code

34698

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

Signature, typed or printed name of registered agent and title if applicable.

THOMAS J. GRAHAM

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME TEYTELBAUM, RENATA
STREET ADDRESS 601 MAIN STREET
CITY-ST-ZIP DUNEDIN FL 34698

TITLE MGRM ☐ Delete
NAME GRAHAM, T. JAMES
STREET ADDRESS 28100 U.S. HWY 19 NORTH, SUITE 507
CITY-ST-ZIP CLEARWATER FL 33761

TITLE MGRM ☐ Delete
NAME GRAHAM, ELIZABETH F
STREET ADDRESS 28100 U.S. HWY 19 NORTH, SUITE 507
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

THOMAS J. GRAHAM PARTNER

4/14/04

727-733-9400

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

Date

Daytime Phone #