

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016089

1. Entity Name
PRINCETON (FIFTEEN) EXCHANGE ACCOMODATORS,
LLC



FILED

04 APR 27 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

230 JOHN KNOX ROAD, STE. TWO
TALLAHASSEE, FL 32303

Mailing Address

230 JOHN KNOX ROAD, STE. TWO
TALLAHASSEE, FL 32303

2. Principal Place of Business

1423 N. Bronough St.
Suite, Apt. #, etc.
Tallahassee, FL
City & State

3. Mailing Address

1423 N. Bronough St.
Suite, Apt. #, etc.
Tallahassee, FL
City & State

03232004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0907569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAY, ARTHUR C
230 JOHN KNOX ROAD, STE. TWO
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: GAY, Arthur C.
Street Address (P.O./Box Number is Not Acceptable):
1423 N. Bronough St.
City: Tallahassee, FL Zip Code: 32303

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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
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 checked="" 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
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:

Arthur C. Gay

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

Date

Daytime Phone #