

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000016094

1. Entity Name

PRINCETON (THIRTEEN) EXCHANGE ACCOMODATORS, LLC



FILED

04 APR 27 PM 4:38

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.

3. Mailing Address

1423 N. Bronough St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

200907540

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

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

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

4/27/04 386-8625-