## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	_ ANNUAL R	03-12-2004 90226 013 **** 50.00						
DOCU 1. Entity Narr SOFANT,			FILED 04 APR -5 PH 12: 47					
					J. UANIN-	) Luis:	4/	
Principal Plac	Mailing Address			SEC.A.TA. TALLAHAS	CECTION	VE.		
	AVENUE NORTH BURG FL 33713	3035 FIFTH AVENUE NORTH ST. PETERSBURG FL 33713		TALLAHAS	ett fluh	IBA N	r.	
Principal Place of Business     3. Mailing Address				<del></del>				
		·				<u> </u>		
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			MOORE	CR2E083	(11/03)	4/5/0
City & State		City & State		4. FEI Number 05 689	95	1	plied For / It Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		5.00 Add	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of Nev			
FANTAUZZO, KEVIN D					<del></del>		. 4 . 44	
303	5 FIFTH AVENUE NORTH	Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33713								
				City		FL	Zip Code	ė
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 late it appacable. (NOTE: Registered Agent signature required when reinstating)  DATE  Description of Printed Agent Signature (Printed Agent Signature Registered Agent Signature Re								
FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State:								
		The state of the s		y 1, 2004	574 (C) (C)		·	
9.	MANAGING MEMBE	RS/MANAGERS	10.	AND THE PROPERTY OF THE PROPER	ADDITION	IS/CHANGES		
TITLE NAME	MGR FANTAUZZO, KEVIN D	☐ Delete	TITL	l l	•		Change	☐ Addition
STREET ADDRESS	3035 FIFTH AVENUE NORTH			ET ADDRESS			ſ	
CITY-ST-ZIP	ST. PETERSBURG FL 33713			-ST-ZIP				
TITLE NAME		☐ Delete	TITLI Nam		•		☐ Change	Addition
STREET ADDRESS				ET ADDRESS - ST-ZIP				1
CITY-ST-ZIP		☐ Celete	CHY TIFU				☐ Channe	- Addition
NAME		CAPER V. T. A.V.	NAM	E,				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	īm.				☐ Change	Addition
NAME Street adoress			NAM STRE	E Et address	,•			
City-St-Zip	<u> </u>		CITY	-ST-ZIP	·			
TITLE NAME		☐ Delete	TITE!				☐ Change	Addition
STREET ADDRESS				ET ADDRESS				į
CITY-ST-ZIP		<del></del>	-	-ST-ZIP				
: TITLE : NAME		☐ Delete	TITL				☐ Change	Addition
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP	cortify that the information supplied with	this filian does not qualify for		-ST-ZIP	oction 119 07/3\(ii) Elevido Statuto	an I further ac-	ih, shas sha :-	otomatica
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: 3-8-04 727-328-2520								500
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MAN	AGER, OF	AUTHORIZED REPRESI	ENTATIVE Date	Dan	ytime Phone #	