2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

TITLE MGRM Delete TITLE Addition  NAME BEVELOCK, THOMAS  STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	DOCU 1. Entity Nar CHASTO		- <b></b>		Jan 28, 2004 08:00 AM Secretary of State					
1906-D SSTH STREET WEST BRADENTON FL 34209  2. Principal Place of Business Suite. Apr. 8, etc. Suite. Apr.	Principal Plac	ce of Business	Mailing Address		3	-				
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Signature virial or printed supra of registered Agent	City & State		City & State		4. FEI Nur	mber		j	·	
EBLING, JAMIE A ESO 1301 6TH AVENUE WEST, STE. 401  BRADENTON FL 34205  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  8. MANAGING MEMBERS MANAGERS  MET AD0855  MILE MGRM TOMEO, CHARLES A 10. ADDITIONS / CHANGES 101 / 28 / 14 + 80083 - 008 SD. 00  MIRE MGRM TOMEO, CHARLES A 101 / 28 / 14 + 80083 - 008 SD. 00  MIRE MGRM BEVELOCK, THOMAS SIRET AD0855 SIRET AD0	Zıp	Country	Zip	Zip Country		5. Certific	ate of Status Desired		\$5.00 Add	litional
EBLING, JAMIE A ESQ 1301 6TH AVENUE WEST, STE. 401  BRADENTON FL 34205  CIV FL Z/o Code  CIV FL Z/o Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  MARK Check Payable to Florida Department of State  Due By May 1, 2004  9. MANAGING MEMBERS/MANAGERS  TILE  MGRM  TOMEC, CHARLES A  TO		6. Name and Address of Curren	t Registered Agent	1		7. Name a	and Address of New	Registered		
STREET ADDRESS OFF ST-ZIP  INTEL  MARK MARK MARK MARK MARK MARK MARK MAR	ERI	ING IAMIE A ESO			Name			·····		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typad or printed name of registered agent and title a appricable  PROTE Registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent and title a appricable  PROTE Now!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2004  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  ORDERS / Others / Other	130	D1 6TH AVENUE WEST, STI	E. 401		Street Address	(P.O. Box Nut	mber is Not Acceptat	ole)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature:   Signature					City		<u> </u>	E)	Zip Cod	e
SIGNATURE  Signature. Visual or printed name of registered agent and title in approache  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2004  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGRM Olefel TRE U00000017129 Change Addition  NAME  TOMEO, CHARLES A 1906-D 59TH STREET WEST STREET ADDRESS CITY-ST-ZIP  TRILE MGRM OLEFEL ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TRILE MGRM OLEFEL ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TRILE MGRM OLEFEL ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TRILE MGRM OLEFEL ADDRESS STREET ADDRESS STR	8. The above	e named entity submits this statement t	or the purpose of changing it	ts register	ed office or registe	ered agent, or	both, in the State of I		_ {	and accept
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11. I hereby certify that the information supplied with this filling 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	11.   hereby	certify that the information supplied will	h this filing does not qualify t	or the exe	mption stated in S	ection 119.07	(3)(i), Florida Statutes	s. I further ce	rtify that the ir	nformation

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

SIGNATURE:

**FILED**