

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90078 023 \*\*\*\*50.00

4/2

**DOCUMENT # L03000021881**



1. Entity Name  
 2615 HORATIO, LLC

Principal Place of Business  
 614 S. LOIS AVENUE  
 TAMPA, FL 33609

Mailing Address  
 614 S. LOIS AVENUE  
 TAMPA, FL 33609

34008736



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

20-068553L

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIORDANO, JOHN N  
 220 SOUTH FRANKLIN STREET  
 TAMPA, FL 33602

Name

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

City

FL

Zip Code

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

MANAGING MEMBERS/MANAGERS

10. MEMBER

ADDITIONS/CHANGES

TITLE: MANAGING MEMBER PRESIDENT  Delete  
 NAME: RANDALL L PRINCE DIRECTOR  
 STREET ADDRESS: 614 S LOIS AVE  
 CITY-ST-ZIP: TAMPA FL 33609

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

TITLE: MEMBER DIRECTOR  Delete  
 NAME: PAUL WILZORUK  
 STREET ADDRESS: 6815 BAYBORG BRIDGE DR  
 CITY-ST-ZIP: TAMPA FL 33626

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

TITLE: MEMBER DIRECTOR  Delete  
 NAME: MITCHELL A COX  
 STREET ADDRESS: 1603 BETHANY PLACE  
 CITY-ST-ZIP: TAMPA FL 33647

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
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 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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:

*[Handwritten Signature]*

MANAGING MEMBER

4-26-04

813 282 1056

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

Date

Daytime Phone #