

# AMENDED

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2004 90120 036 \*\*\*\*\*50.00  
L03000023447

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2/05/21/04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 21 PM 1:07

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DOCUMENT # L03000023447					
1. Entity Name SARASOTA WEDDING FLOWERS, LLC					
Principal Place of Business 4102 BEE RIDGE ROAD SARASOTA, FL 34233		Mailing Address 5900 SOUTH TAMIAMI TRAIL, SUITE 1 SARASOTA, FL 34231		04282004 Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 SOUTH TAMIAMI TRAIL SUITE 1 SARASOTA, FL 34231			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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: <i>Catherine L. Tracy</i>		DATE: 4-26-04		NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		RECEIVED MAY 11 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILARDI, DAVID	NAME	Bilardi, David		
STREET ADDRESS	4256 CENTRAL PARKWAY - #316	STREET ADDRESS	4102 BEE Ridge Rd.		
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE	MGRM	TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAJOR, DAVID	NAME	Major, David		
STREET ADDRESS	4256 CENTRAL PARKWAY - #316	STREET ADDRESS	4102 BEE Ridge Rd.		
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>David Major</i>		DATE: 4-26-04		Daytime Phone #	