


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 039 ****50.00

DOCUMENT # L03000023554

1. Entity Name
VERITAS COURTYARD, LLC



Principal Place of Business
~~100 2ND AVENUE SOUTH, SUITE 12015~~
~~ST PETERSBURG, FL 33701~~

Mailing Address
~~100 2ND AVENUE SOUTH, SUITE 12015~~
~~ST PETERSBURG, FL 33701~~

24004016



2. Principal Place of Business
770 2nd Avenue S.
 Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 57
 Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State
St. Petersburg, FL 33701

City & State
St. Petersburg, FL

Zip
33701

Country
YUSA

Zip
33731-0057

Country
USA

4. Fee Number
4236010

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROWE, JAMES C ESQ
ROWE & KIEFER, P.A.
~~100 2ND AVENUE SOUTH, SUITE 12015~~
~~ST PETERSBURG, FL 33701~~

7. Name and Address of New Registered Agent

Name
770 2nd Avenue S.

Street Address (P.O. Box Number is Not Acceptable)
St. Petersburg, FL

City
33701

Zip Code
FL

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 _____ DATE _____

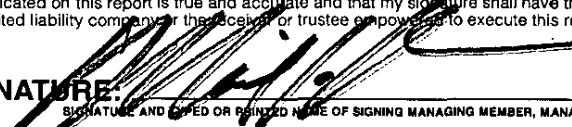
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEANE, MICHAEL J 770 2nd Avenue S. 100 2ND AVENUE SOUTH, SUITE 12015 ST PETERSBURG, FL 33701 St. Petersburg, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Rowe, James C 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FERGUSON, CHRISTOPHER C. 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VESELY, BRANDON S. 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VESELY, SHIRIN M. 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GERDES, CHARLES, W. 770 2nd Avenue S. St. Petersburg, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date: **4/27/04** Daytime Phone #: **727 823-5000**