

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90001 014 ****50.00

DOCUMENT # L03000024349	
1. Entity Name TUSCARORA LIMITED LIABILITY COMPANY	

Principal Place of Business 7200 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1114	Mailing Address 7200 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1114
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24079837



2. Principal Place of Business 4802 51st STREET WEST Suite, Apt. #, etc. SUITE 913 City & State BRADENTON Zip 34210-5108 Country MANAGRE	3. Mailing Address PO Box 3319 Suite, Apt. #, etc. City & State Sarasota FL Zip 34230 Country SARASOTA
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07262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0083630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, WILLIAM R W.R. KLEIN, P.A. 1900 MAIN STREET, SUITE 310 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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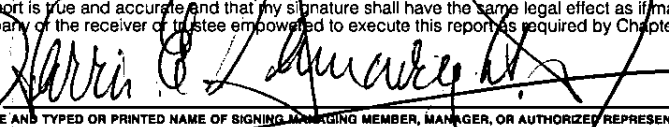
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAINWRIGHT, HARRIS JR 7200 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 342281114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE 913 4802 51st ST W BRADENTON FL 34210-5108 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. (MIDDLE INITIAL) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4802-51st STREET WEST SUITE 913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRADENTON 34210-5108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 16/07/04	Daytime Phone # 941-795-1943
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