

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-28-2004 90079 016 ****50.00

DOCUMENT # L03000025178					
1. Entity Name EL PRADO COURT, LLC					
Principal Place of Business 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606			Mailing Address 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606		
2. Principal Place of Business:			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2379490				Applied For ☐ Not Applicable	
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		
Name MILLS, FREDERICK J 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606			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 releasing) DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIST PROPERTIES, LLC 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIST DEVELOPERS, LLC 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHACONAS, GEORGE P.O. BOX 22556 TAMPA, FL 33622	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, FREDERICK K 1200 WEST PLATT STREET, SUITE 100 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS 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:			4/23/2004 813-258-5478		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		