


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90068 004 \*\*\*\*50.00

<b>DOCUMENT # L03000025230</b> 1. Entity Name <b>CONNECTIVITY TREE, LLC</b>					
Principal Place of Business <b>6207 OLD COURT ROAD</b> <b>#606</b> <b>BOCA RATON, FL 33433 US</b>			Mailing Address <b>6207 OLD COURT ROAD</b> <b>#606</b> <b>BOCA RATON, FL 33433 US</b>		
2. Principal Place of Business <b>411 S. Westland Ave.</b> Suite, Apt. #, etc. <b>#2</b> City & State <b>Tampa, FL</b> Zip <b>33606</b>			3. Mailing Address <b>411 S. Westland Ave.</b> Suite, Apt. #, etc. <b>#2</b> City & State <b>Tampa, FL</b> Zip <b>33606</b>		
Country <b>US</b>			Country <b>US</b>		
4. FEI Number <b>200131857</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			03312004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>ACTIVEFILINGS LLC</b> <b>10651 NE 11TH COURT</b> <b>MIAMI SHORES, FL 33138</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COYNE, JOHN</b> <b>6207 OLD COURT RD, #606</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Terrance Coyne</b> <b>411 S. Westland Ave. #2</b> <b>Tampa, FL 33606</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Glenn McGinnis</b> <b>2701 Michigan Ave. NE</b> <b>St. Petersburg, FL 33703</b>	
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	
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.					
<b>SIGNATURE:</b> <u>Terrance Coyne</u>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		
<b>Terrance Coyne</b>			<b>4.20.04 727-459-2333</b>		
Date			Daytime Phone #		