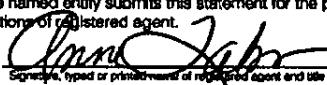
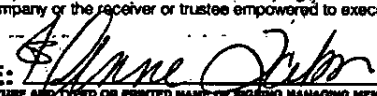


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90299 013 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |     |                                                                 |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000025571</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |     |                                                                 |                                                     |  |
| 1. Entity Name<br><b>ANNE TABOR, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |     |                                                                 |                                                                                                                                      |  |
| Principal Place of Business<br>1512 MARINER'S CIR.<br>GULF BREEZE, FL 32563                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |     | Mailing Address<br>1512 MARINER'S CIR.<br>GULF BREEZE, FL 32563 |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |     | 3. Mailing Address                                              |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |     | Suite, Apt. #, etc.                                             |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |     | City & State                                                    |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                     | Zip | Country                                                         | 4. FEI Number<br><b>EIN 20-0086263</b>                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |     |                                                                 | Applied For<br>Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>TABOR, ANNE<br/>1512 MARINER'S CIR.<br/>GULF BREEZE, FL 32563</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |     |                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br>SIGNATURE  DATE                                                                                                                                                                            |                                                                             |     |                                                                 |                                                                                                                                      |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |     | Make check payable to<br>Florida Department of State            |                                                                                                                                      |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |     | 10. ADDITIONS/CHANGES                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Change <input type="checkbox"/> Delete<br><b>Anne TABOR</b>              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ANNE TABOR - MANAGER<br/>1512 MARINER'S CIR<br/>Gulf Breeze FL 32563</b> |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                             |     | TITLE<br>NAME<br>STREET ADDRESS<br>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 <b>2/17/04</b> Daytime Phone #                             |                                                                                                                                      |  |