


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


05-04-2004 90019 038 ****50.00

DOCUMENT # L03000025993		
1. Entity Name PLATYPUS, LLC		

Principal Place of Business 10547 94TH AVENUE N SEMINOLE, FL 33772 US	Mailing Address 10547 94TH AVENUE N SEMINOLE, FL 33772 US
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2. Principal Place of Business 1901 Ulmerton Rd Suite, Apt. #, etc. 400	3. Mailing Address 1901 Ulmerton Rd Suite, Apt. #, etc. 400
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City & State Clearwater, FL	City & State Clearwater, FL
Zip 33762 Country USA	Zip 33762 Country USA

	
04132004 Chg-LLC	CR2E083 (10/03)
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201-HAYS STREET TALLAHASSEE, FL 32301	
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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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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	MGR SCAFF, MARVIN 10547 94TH AVENUE N SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1901 Ulmerton Rd #400 Clearwater, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mar B Scaff <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/28/04 Daytime Phone # 727 644 7479