2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L03000026636

Entity Name: DEPRESSION WORKROOM, LLC

Current Principal Place of Business:

6311 IRONGATE COURT
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

6311 IRONGATE COURT
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 37-1471419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WHITACRE, GINGER L
Address: 6311 IRONGATE COURT
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGR ( ) Delete
Name: VENTURA, JUAN CARLOS
Address: 1643 BRICKELL AVENUE, APT. 2302
City-St-Zip: MIAMI, FL 33129 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GINGER L. WHITACRE PRES 06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date