

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90146 028 ****50.00

DOCUMENT # L03000028780					
1. Entity Name SIMPLY THE BEST BUSINESS REFERRALS, LLC					
Principal Place of Business P.O. BOX 1885 PALM CITY, FL 34991			Mailing Address P.O. BOX 1885 PALM CITY, FL 34991		
2. Principal Place of Business 3483 Palm City School Ave.		3. Mailing Address			
Suite, Apt. #, etc. A		Suite, Apt. #, etc.			
City & State Palm City FL		City & State		4. FEI Number 004-40-4809	
Zip 34990		Country USA		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BRECHBILL, MARK 215 SOUTH FEDERAL HIGHWAY, SUITE 100 STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 SITES, RUSSELL W P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUNK, THOMAS R P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUNK, THOMAS R P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUNK, THOMAS R P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUNK, THOMAS R P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRUNK, THOMAS R P.O. BOX 1885 PALM CITY, FL 34991	<input type="checkbox"/> Delete			
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: Russell W Sites 2/20/04 772-283-3201					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					