
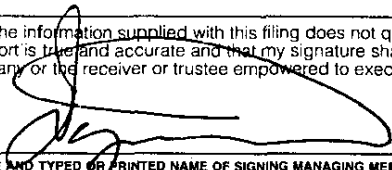


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90071 033 ****50.00

DOCUMENT # L03000029125 1. Entity Name STRUCTURES ONE, P.L. ✓					
Principal Place of Business 5373 EHRLICH ROAD #222 TAMPA FL 33625			Mailing Address 5373 EHRLICH ROAD #222 TAMPA FL 33625		
2. Principal Place of Business no change		3. Mailing Address no change			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1196325	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RANDELL M 315 S. HYDE PARK AVENUE TAMPA FL 33606			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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
[Empty Row]			MGRM Daniel J. Engebretson 5373 Ehrlich Rd. #222 Tampa, FL 33625		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Empty Row]			<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:  Dan Engebretson 8/3/04 813/269-0401					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					