



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90194 015 ****50.00

DOCUMENT # L03000031081 1. Entity Name LORGO, L.L.C.					
Principal Place of Business 7399 SOUTHEAST 12TH CIRCLE OCALA, FL 34480			Mailing Address 7399 SOUTHEAST 12TH CIRCLE OCALA, FL 34480		
2. Principal Place of Business 1757 GLENWICK DR		3. Mailing Address 1757 GLENWICK DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINDERMERE - FL		City & State WINDERMERE - FL			
Zip 34786	Country USA	Zip 34786	Country USA		
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 2701 SOUTHEAST MARICAMP ROAD, SUITE 104 OCALA, FL 34471				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 _____					
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	MGRM REDDY, K. & KUCHAKULLA, G.R., TEN BY ENTIR 7399 SOUTHEAST 12TH CIRCLE OCALA, FL 34480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDY, K.N. & KUCHAKULLA GEETHA TEN BY ENTIRETY 1757 GLENWICK DR WINDERMERE - FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDY, K.N. & REDDY, K.K., TEN BY ENTIRETY 7399 SOUTHEAST 12TH CIRCLE OCALA, FL 34480 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDY NAGENDAR & REDDY K.K. TEN BY ENTIRETY 1757 GLENWICK DR WINDERMERE - FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/25/04 Daytime Phone # 352-239-0916		