


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90331 047 ****50.00

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1. Entity Name
SANDRA BOHEM, PLC



Principal Place of Business
126 EMERALD LANE
LARGO, FL 33771 US

Mailing Address
126 EMERALD LANE
LARGO, FL 33771 US

64040407

2. Principal Place of Business
2466 Moore Haven Dr.
 Suite, Apt. #, etc. W.

3. Mailing Address
2466 Moore Haven Dr.
 Suite, Apt. #, etc. W.



03292004 Chg-LLC CR2E083 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33763 Country **USA**

Zip
33763 Country **USA**

4. FEI Number
20-0208535

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOHEM, SANDRA
126 EMERALD LANE
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name **Sandra Bohem**

Street Address (P.O. Box Number is Not Acceptable)
2466 Moore Haven Dr. W.

City **Clearwater** FL Zip Code **33763**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHEM, SANDRA 126 EMERALD LANE LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOHEM, SANDRA 2466 MOORE HAVEN DR. W. CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sandra Bohem Date: 04/09/04 Daytime Phone #: 727-422-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE