


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L03000034066**

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 <del>126 EMERALD LANE</del> <del>LARGO, FL 33771</del> <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* **04/09/04** **727-422-7355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #