


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90221 017 ****55.00

DOCUMENT # L03000034411	
1. Entity Name TOMLIN WEB DESIGNS AND CONSULTING, L.L.C.	

Principal Place of Business 824 EAST DOTY BRANCH LANE JACKSONVILLE, FL 32259	Mailing Address P.O. BOX 57153 JACKSONVILLE, FL 32241
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2. Principal Place of Business 10000 Gate Parkway N.	3. Mailing Address P.O. Box 57153
Suite, Apt. #, etc. #2225	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32241	Zip 32241
Country U.S.A.	Country U.S.A.

03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2128567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent TOMLIN, WANDA 824 EAST DOTY BRANCH LANE JACKSONVILLE, FL 32259	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10000 Gate Parkway North #2225 City Jacksonville FL Zip Code 32246	
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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 <u>Wanda Tomlin</u> DATE <u>3/30/04</u>	
(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMLIN, WANDA P.O. BOX 57153 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMLIN, PAUL P.O. BOX 57153 JACKSONVILLE, FL 32241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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: <u>Wanda Tomlin</u> DATE <u>3/30/04</u> DAYTIME PHONE # <u>904/646-9159</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	