

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90047 047 \*\*\*\*50.00

**DOCUMENT # L03000036406**

1. Entity Name  
BLVD. OF THE ARTS, L.L.C.



Principal Place of Business  
C/O JOHN A. MORAN  
22 SOUTH LINKS AVE., STE. 300  
SARASOTA, FL 34236

Mailing Address  
~~C/O JOHN A. MORAN~~  
~~22 SOUTH LINKS AVE., STE. 300~~  
~~SARASOTA, FL 34236~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 3948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o John A. Moran

City & State

City & State

Sarasota, Florida

Zip

Country

Zip

34230

Country

USA

04122004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-2398014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, JOHN A  
C/O DUNLAP & MORAN, P.A.  
22 SOUTH LINKS AVE., STE. 300  
SARASOTA, FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Wayne S. Morehead, Manager

Date

Daytime Phone #

(678) 641-2284