

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90023 024 ****50.00

DOCUMENT # L03000037673			
1. Entity Name CONTRACTPOWER, LLC			
Principal Place of Business 580 SOUTH SAPODILLA AVENUE #302 WEST PALM BEACH, FL 33401		Mailing Address 580 SOUTH SAPODILLA AVENUE #302 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 100 S. DIXIE HWY Suite, Apt. #, etc. SUITE 300 City & State WEST PALM BEACH, FL Zip 33401		3. Mailing Address 100 S. DIXIE HWY Suite, Apt. #, etc. SUITE 300 City & State WEST PALM BEACH, FL Zip 33401	
04042004 Chg-LLC CR2E083 (10/03)			
4. FEI Number 16-1621607		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, BLAKE H 1581 BRICKELL AVE., STE. 1208 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name: BURNS, BLAKE H. Street Address (P.O. Box Number is Not Acceptable): 580 S. SAPODILLA AVE #302 City: WEST PALM BEACH FL Zip Code: 33401	
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: 040504 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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: MGR NAME: BURNS, BLAKE H STREET ADDRESS: 1581 BRICKELL AVE., STE. 1208 CITY - ST - ZIP: MIAMI, FL 33129	☒ Delete	TITLE: MGR NAME: BLAKE H. BURNS STREET ADDRESS: 580 S. SAPODILLA #302 CITY - ST - ZIP: WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE: MGR NAME: BURNS, WESLEY E STREET ADDRESS: 1581 BRICKELL AVE., STE. 1208 CITY - ST - ZIP: MIAMI, FL 33129	☒ Delete	TITLE: MGR NAME: WESLEY E. BURNS STREET ADDRESS: 580 S. SAPODILLA AVE #302 CITY - ST - ZIP: WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
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: NAME: STREET ADDRESS: CITY - ST - ZIP:	☐ Delete	TITLE: 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: x		x040504 561-366-8984 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	