FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90068 022 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038066

1. Entity Name
ISBELL GROUP INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
5553 WEST WATERS AVENUE SUITE 316 TAMPA, FL 33634 US	5553 WEST WATERS AVENUE SUITE 316 TAMPA, FL 33634 US

04262004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
3131 Flightline Drive		3131 Flightline Drive	
Suite, Apt. #, etc.: Suite 204		Suite, Apt. #, etc.: Suite 204	
City & State: Lakeland, FL		City & State: Lakeland, FL	
Zip: 33811	Country: US	Zip: 33811	Country: US

4. FEI Number: 20-0278641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, ARTHUR W III
5553 W WATERS AVENUE
SUITE 316
TAMPA, FL 33634

7. Name and Address of New Registered Agent

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: MGRM NAME: William G. Isbell STREET ADDRESS: 2842 Magnolia Avenue CITY-ST-ZIP: Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Marie A. Isbell STREET ADDRESS: 2842 Magnolia Avenue CITY-ST-ZIP: Lakelend, FL 33813	☐ 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
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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: Marie A Isbell 4-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #