

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039258

FILED
Jul 15, 2004
Secretary of State

Entity Name: ALL UNIQUE TECHNOLOGY LLC

Current Principal Place of Business:

4801 OSPREY DR. SE
#602
ST. PETERSBURG, FL 33711 US

Current Mailing Address:

4801 OSPREY DR. SE
#602
ST. PETERSBURG, FL 33711 US

FEI Number: 28-0540675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, SHERI
4554 DEL SOL BLVD. SOUTH
SARASOTA, FL 34243 US

New Principal Place of Business:

390 PINELLAS BAYWAY S.
#E
TIERRE VERDE, FL 33715 US

New Mailing Address:

390 PINELLAS BAYWAY S.
#E
TIERRE VERDE, FL 33715 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHWEGMAN, TERI
Address: 4801 OSPREY DR. SE #602
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: MGRM () Delete
Name: CAUDILL, ROBERT
Address: 1390 BAY HARBOR DR. #104
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHWEGMAN, TERI
Address: 390 PINELLAS BAYWAY S.
City-St-Zip: TIERRE VERDE, FL 33715 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TERI A. SCHWEGMAN

PRES

07/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date