

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039576

FILED
Aug 30, 2004
Secretary of State

Entity Name: TECH-O-NIQUE, L.L.C.

Current Principal Place of Business:

5511 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

New Principal Place of Business:

5886 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

Current Mailing Address:

5511 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

New Mailing Address:

5886 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

FEI Number: 33-1072737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, FERNANDO E
5511 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

Name and Address of New Registered Agent:

SANCHEZ, FERNANDO E
5886 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

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:

08/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SANCHEZ, FERNANDO E
Address: 5511 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: SANCHEZ, EDUARDO F
Address: 5799 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: SAVAGE, MICHAEL
Address: 3429 CASTLEBAR CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: TILLMAN, TITUS
Address: 3619 CAGNEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM (X) Delete
Name: BAKER, MICHAEL
Address: 5666 SPLIT OAK LANE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANCHEZ, FERNANDO E
Address: 5886 CYPRESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Change () Addition
Name: SANCHEZ, EDUARDO F
Address: 4757 FLOWERWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: MGRM (X) Change () Addition
Name: TILLMAN, TITUS
Address: 2117 LONGVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: FERNANDO SANCHEZ

MGRM

08/30/2004

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