

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

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03-15-2004 90429 024 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                      |                                                                  |                                                                                   |  |
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| <b>DOCUMENT # L03000041885</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                      |                                                                  |  |  |
| 1. Entity Name<br><b>L&amp;T MANAGEMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                      |                                                                  |                                                                                   |  |
| Principal Place of Business<br><b>6389 TOWER LANE<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                      | Mailing Address<br><b>6389 TOWER LANE<br/>SARASOTA, FL 34240</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                      | 3. Mailing Address                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                      | Suite, Apt. #, etc.                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                      | City & State                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                  | Country                                                          | 4. FEI Number <b>20-0373692</b>                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                      |                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                      |                                                                  | \$5.00 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>DELOACH, ANTHONY<br/>6389 TOWER LANE<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                      |                                                                  | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                      |                                                                  |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Make check payable to<br>Florida Department of State |                                                                  |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                      | 10. ADDITIONS/CHANGES                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | <input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Laurie DeLoach</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                      | Date <b>3-8-04</b> City/Phone # <b>941-371-7617</b>              |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE<br><i>Laurie DeLoach</i>                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                      |                                                                  |                                                                                   |  |