

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041935

**FILED**  
**Jul 09, 2004**  
**Secretary of State**

**Entity Name:** EXECUTIVE MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

1697 PINE HARRIER CIRCLE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

1697 PINE HARRIER CIRCLE  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRYAN, KELLY L  
1697 PINE HARRIER CIRCLE  
SARASOTA, FL 34231 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: BRYAN, KELLY L  
Address: 1697 PINE HARRIER CIRCLE  
City-St-Zip: SARASOTA, FL 34231 US

**ADDITIONS/CHANGES:**

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: KELLY L. BRYAN

MGRM

07/09/2004

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