
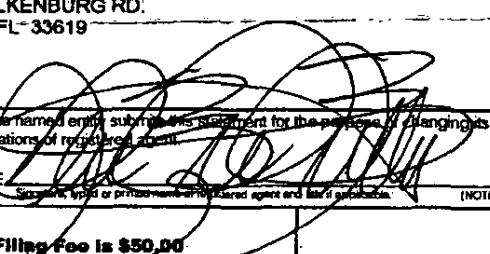
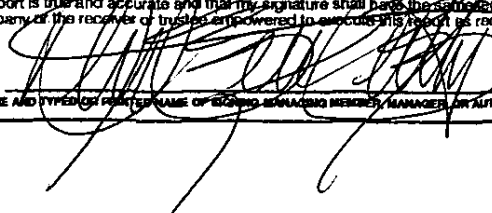


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

02-26-2004 90204 021 ****50.00

DOCUMENT # L03000042600			
1. Entity Name LA PROMOTIONS, LLC			
Principal Place of Business 109 FAULKENBURG RD. TAMPA, FL 33619		Mailing Address 109 FAULKENBURG RD. TAMPA, FL 33619	
2. Principal Place of Business		3. Mailing Address P.O. Box 656	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRANDON, FL	
Zip	Country	Zip 33509	Country Hillsborough
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUTTON, DENISE 109 FAULKENBURG RD. TAMPA, FL 33619		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 		DATE 2/23/04	
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	MGR SUTTON, DENISE 12601 SELAH RANCH LN. THONOTOSASSA, FL 33582 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, LEIGHANNE 12261 LEXINGTON PARK DRIVE #304 TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		DATE: 3/10/04 8136544199	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

- 2

01001100



02192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 30 0210917 Applied For Not Applicable

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

