



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90188 026 \*\*\*\*\*50.00

<b>DOCUMENT # L03000044437</b> 1. Entity Name <b>MSR BUILDING LLC</b>					
Principal Place of Business <b>7600 RIDGE RD., #205C SEMINOLE, FL 33772</b>			Mailing Address <b>7600 RIDGE RD., #205C SEMINOLE, FL 33772</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RIBAUDO, MICHAEL 7600 RIDGE RD., #205C SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent - Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RIBAUDO, MICHAEL 7600 RIDGE RD., #205C SEMINOLE, FL 33772</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>  <b>Michael R. Raudo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4/16/04</b> <small>Date</small>		<b>727-424-4862</b> <small>Daytime Phone #</small>



04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number **11-3707808** Applied For ☐ Not Applicable ☐

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