# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 06, 2004**
**Secretary of State**

DOCUMENT# L03000044678

**Entity Name:** THE TOWERS OF CHANNELSIDE, LLC

**Current Principal Place of Business:**

204 E. TERRACE DR.
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

204 E. TERRACE DR.
PLANT CITY, FL 33563

**New Mailing Address:**

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

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

SACCHI, RICHARD
204 E. TERRACE DR.
PLANT CITY, FL 33563

**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: MGR ( ) Delete
Name: SACCHI, RICHARD
Address: 204 E. TERRACE DR.
City-St-Zip: PLANT CITY, FL 33563

Title: MGR ( ) Delete
Name: MCGUINNESS, MICHAEL J
Address: 925 HARBOUR BAY DR.
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete
Name: HITE, BRAD
Address: 204 E. TERRACE DR.
City-St-Zip: PLANT CITY, FL 33563

**ADDITIONS/CHANGES:**

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

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

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: BRAD HITE MGR 01/06/2004

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