


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90041 026 ****50.00

DOCUMENT # L03000045517

1. Entity Name
SETTSOUND SPRINKLERS & SOD, LLC



Principal Place of Business Mailing Address
7418 15TH AVENUE, NW **7418 15TH AVENUE, NW**
BRADENTON FL 34209 **BRADENTON FL 34209**

2. Principal Place of Business 3. Mailing Address
3110 MANATEE AVE. W. **3110 MANATEE AVE. W.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste B **Ste B**
 City & State City & State
BRADENTON, FL. **BRADENTON, FL.**
 Zip Country Zip Country
34205 **USA** **34205** **USA**



MOORE CR2E083 (11/03)

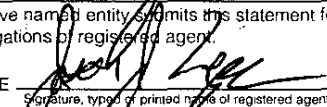
4. FEI Number Applied For
61-1433234 Not Applicable

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

6. Name and Address of Current Registered Agent
WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent
 Name **JOSEPH J. ZEJAVAC**
 Street Address (P.O. Box Number is Not Acceptable)
7522 MANATEE AVE W
STE 175
 City **BRADENTON** FL Zip Code **34209**

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  **JOSEPH J ZEJAVAC** DATE **3/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SETTLEMIRE, DARON	
STREET ADDRESS	7418 15TH AVENUE, NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Daron D. Settlemire** DATE **3/12/04** DAYTIME PHONE # **(941) 587-3861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #