


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-26-2004 90163 030 \*\*\*\*50.00

|   |   |                                    |  |   |  |
|---|---|------------------------------------|--|---|--|
| <b>DOCUMENT # L03000048069</b>  |   |                                    |  |                            |  |
| 1. Entity Name<br><b>PELL PLACE LLC</b>   |   |                                    |  |   |  |
| Principal Place of Business<br><b>636 N. RIO GRANDE AVE<br/>ORLANDO FL 32805</b>  |   |                                    | Mailing Address<br><b>636 N. RIO GRANDE AVE<br/>ORLANDO FL 32805</b>   |   |  |
| 2. Principal Place of Business<br><b>111 WEST ROBINSON ST.</b><br>Suite, Apt. #, etc.   |   |                                    | 3. Mailing Address<br><b>111 WEST ROBINSON ST.</b><br>Suite, Apt. #, etc.  |   |  |
| City & State<br><b>Orlando, FL</b>  |   | City & State<br><b>Orlando, FL</b> |  | 4. FEI Number<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| Zip<br><b>32801</b>   | Country<br><b>USA</b>   | Zip<br><b>32801</b>                | Country<br><b>USA</b>  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>             |  |
| 6. Name and Address of Current Registered Agent<br><b>WILLIAMS, LARRY<br/>800 WESTWOOD SQUARE<br/>SUITE E<br/>OVIEDO FL 32765</b>   |   |                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |   |                                    |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |                                    |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                                    | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WILLIAMS, LARRY<br>800 WESTWOOD SQUARE SUITE E<br>OVIEDO FL 32765 | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ANTHONY J. NICHOLSON<br>111 WEST ROBINSON ST.<br>ORLANDO, FL 32801 Title-MGRM                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HAGEN, DEBORAH D<br>636 N RIO GRANDE AVE<br>ORLANDO FL 32805      | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Anthony J. Nicholson* 3/23/04

Date

Daytime Phone #

407-423-3456