
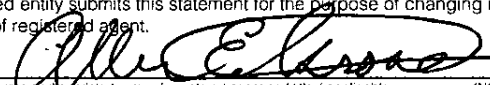
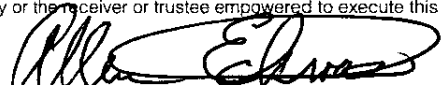


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90142 043 ****50.00

DOCUMENT # L03000048733 1. Entity Name ALLEN ECKROAD L.L.C.																													
Principal Place of Business 3550 ALOHA DRIVE SARASOTA FL 34230			Mailing Address 3550 ALOHA DRIVE SARASOTA FL 34230																										
2. Principal Place of Business Suite, Apt. #, etc. 3550 ALOHA DR. City & State SARASOTA, FL Zip 34232			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA																										
6. Name and Address of Current Registered Agent ECKROAD, ALLEN 3550 ALOHA DRIVE SARASOTA FL 34230			7. Name and Address of New Registered Agent Name ECKROAD, ALLEN Street Address (P.O. Box Number is Not Acceptable) 3550 ALOHA DR. City SARASOTA																										
4. FEI Number 20-0425963			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																										
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 2-25-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ECKROAD, ALLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3550 ALOHA DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34230</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ECKROAD, ALLEN		STREET ADDRESS	3550 ALOHA DRIVE		CITY-ST-ZIP	SARASOTA FL 34230		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ECKROAD, ALLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3550 ALOHA DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ECKROAD, ALLEN		STREET ADDRESS	3550 ALOHA DR.		CITY-ST-ZIP	SARASOTA, FL 34232	
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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 2-25-04 DAYTIME PHONE # 941-371-6657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

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MOORE CR2E083 (11/03)