

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050985

FILED
Feb 27, 2004
Secretary of State

Entity Name: DRAGONFLY OF SARASOTA, LLC

Current Principal Place of Business:

4635 MADOWVIEW CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4635 MADOWVIEW CIRCLE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-0477875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DARRELL J
4635 MADOWVIEW CIRCLE
SARASOTA, FL 34233 US

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: HILL, DARRELL J
Address: 4635 MADOWVIEW CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: TORINE, NORVIA B
Address: 7268 FRISCO LANE
City-St-Zip: SARASOTA, FL 34241

Title: MGRM () Delete
Name: KELGAR, KLEMEN
Address: 1453 ARUNDEL AVE.
City-St-Zip: NORTH PORT, FL 34288

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: KELGAR KLEMEN

MGRM

02/27/2004

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