

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90282 030 \*\*\*\*50.00

**DOCUMENT # L03000053241**

1. Entity Name  
**ROWMANCE, L.L.C.**



Principal Place of Business  
**12155 5TH ST. EAST  
TREASURE ISLAND, FL 33706**

Mailing Address  
**12155 5TH ST. EAST  
TREASURE ISLAND, FL 33706**

**34004239**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

**NONE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKALSKI, JOSEPH C  
13770 58TH ST. N, STE 304  
CLEARWATER, FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WRIGHT, JEFFREY  
12155 5TH ST. EAST  
TREASURE ISLAND, FL 33706** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WRIGHT, SUZANNE  
12155 5TH ST. EAST  
TREASURE ISLAND, FL 33706** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jeffrey K Wright* **JEFFREY K WRIGHT**  
as member

**12 Apr 04**

**727-360-8660**

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

Date

Daytime Phone #