

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056749

FILED  
Aug 25, 2004  
Secretary of State

Entity Name: BRAD MATHIS LLC

**Current Principal Place of Business:**

2002 CRESCENT BLVD.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

2002 CRESCENT BLVD.  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 57-1196422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MATHIS, BRAD  
13639 WESLEYAN BLVD.  
ORLANDO, FL 32826

**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: MGRM ( ) Delete  
Name: MATHIS, DON  
Address: 2002 CRESCENT BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Delete  
Name: MATHIS, CHAD  
Address: 2002 CRESCENT BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM (X) Delete  
Name: MATHIS, BRAD  
Address: 13639 WESLEYAN BLVD.  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MATHIS, BRAD  
Address: 2002 CRESCENT BLVD.  
City-St-Zip: ORLANDO, FL 32817

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: BRAD MATHIS

MGR

08/25/2004

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