


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90193 004 ****50.00

DOCUMENT # L03000056837

1. Entity Name
LORSAN LC



Principal Place of Business
**5304 PAGNOTTA PLACE
 LUTZ, FL 33558**

Mailing Address
**5304 PAGNOTTA PLACE
 LUTZ, FL 33558**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
57-1198369

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRULL, FREDERICK D
 5304 PAGNOTTA PLACE
 LUTZ, FL 33558**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------|-----------------|---------------------------------|
| MGRM | NATOLI, SHARON A | 18128 PHEASANT WALK | TAMPA, FL 33647 | <input type="checkbox"/> |
| MGRM | KRULL, LORETTA M | 5304 PAGNOTTA PLACE | LUTZ, FL 33558 | <input type="checkbox"/> |
| MGRM | KRULL, FREDERICK D | 5304 PAGNOTTA PLACE | LUTZ, FL 33558 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Frederick D. Krull **Frederick D. Krull** 4/13/04 813-731-4562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #