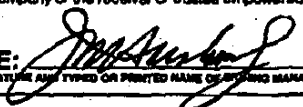


FILED
May 25, 2004 8:00 am
Secretary of State

03-29-2004 90554 001 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000057068		
1. Entity Name ENTERPRISE MANAGEMENT SERVICES, LLC		
Principal Place of Business 3400 SOUTH TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US		Mailing Address 3400 SOUTH TAMiami TRAIL SUITE 202 SARASOTA, FL 34239 US
2. Principal Place of Business 3619 WEBBER STREET Suite, Apt. #, etc.		3. Mailing Address 3619 WEBBER STREET Suite, Apt. #, etc.
City & State SARASOTA, FL		City & State SARASOTA FL
Zip 34232 Country USA		Zip 34232 Country USA
4. FEI Number 32-2437963		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MORRISON, JOANNE 2714 RIVERBLUFF PARKWAY SARASOTA, FL 34231		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 file 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		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, PAUL M 301 EAGLENOOK WAY OSPREY, FL 34229 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRETT, ROBERT G 216 VENETTA AVENUE NORTH PORT, FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHAW, JAMES W 8132 TREESDALE COURT SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:  JAMES W. MARSHAW 3/24/04 SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		