


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90347 001 ****50.00

DOCUMENT # L03000057425

1. Entity Name
 PYLE & DELLINGER, PL



Principal Place of Business
 1265 W. GRANADA BLVD, STE 1
 ORMOND BEACH, FL 32174

Mailing Address
 1265 W. GRANADA BLVD, STE 1
 ORMOND BEACH, FL 32174

2. Principal Place of Business
 1655 N. Clyde Morris Blvd.

3. Mailing Address
 1655 Clyde Morris Blvd.


Suite, Apt. #, etc.
 Ste. 1

City & State
 Daytona Beach, FL

City & State
 Daytona Beach, FL

Zip
 32117

Country
 Volusia



03112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-0563647

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, MICHAEL A
 1265 W. GRANADA BLVD, STE
 ORMOND BEACH, FL 32174

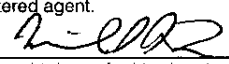
7. Name and Address of New Registered Agent

Name Michael A. Pyle

Street Address (P.O. Box Number is Not Acceptable)
 1655 N. Clyde Morris Blvd., Ste. 1

City Daytona Beach FL Zip Code 32117

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 3/12/04

(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	MGR	<input type="checkbox"/> Delete
NAME	Michael A. Pyle	
STREET ADDRESS	1655 N. Clyde Morris Blvd., Ste. 1	
CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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:  DATE 3/12/04 386.615-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #