

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000188

FILED
Feb 05, 2004
Secretary of State

Entity Name: DENNISON & KING, P.L.

Current Principal Place of Business:

717 SANDY HILLS AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

210 S. PINELLAS AVENUE
SUITE 166
TARPON SPRINGS, FL 34689

Current Mailing Address:

717 SANDY HILLS AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

210 S. PINELLAS AVE
SUITE 166
TARPON SPRINGS, FL 34689

FEI Number: 41-2118014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS MATTHEW SCHAKER KING
717 SANDY HILLS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

KING, FRANCIS M
210 S. PINELLAS AVE
SUITE 166
TARPON SPRINGS, FL 34689 US

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: FRANCIS MATTHEW SCHAKER KING

02/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KING, FRANCIS M
Address: 717 SANDY HILLS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: DENNISON, ANTONY V
Address: 8636 PERSEA COURT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

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: FRANCIS MATTHEW SCHAKER KING

MGRM

02/05/2004

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