


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000013390**  
 1. Entity Name  
 2504, L.C.



Principal Place of Business 3020 ASHLAND TERRACE CLEARWATER, FL 33761	Mailing Address 3020 ASHLAND TERRACE CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4262560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 O'CONNOR, PATRIC M ESQ.  
 C/O O'CONNOR & ASSOCIATES  
 1250 S. BELCHER ROAD, SUITE 160  
 LARGO, FL 33771

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000390427  
 04/22/08-80094-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENDRA, JEAN A 3020 ASHLAND TER CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORKMAN, JAMES I 3020 ASHLAND TER CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jean A Kendra Jean A Kendra 4/7/08 727-560-8951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #