2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 07, 2004 8:00 am
Secretary of State
05-20-2004 90282 001 ****50.00

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1. Entity Name
SCHMIDT, RAINES, TRIESTE, DICKENSON & ADAMS, P.L.

Principal Place of Business	Mailing Address
399 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432	399 N.W. BOCA RATON BLVD. BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

05122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0541073
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, WALTER F III
399 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33432

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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 Walter F Adams

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

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAINES, DENSEL L
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	DICKENSON, PAUL F
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	FAHNDRICH, MICHAEL
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ROBERT, DREKER
STREET ADDRESS	399 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ADAMS, WALTER F III
STREET ADDRESS	399 NW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33432
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 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: Walter F Adams 561-392-7929

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