

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000017

FILED  
Mar 31, 2004  
Secretary of State

Entity Name: FLORENCE MANAGEMENT LC

**Current Principal Place of Business:**

12184 RIVERBEND RD.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

485 HUNTINGTON ROAD, SUITE 190  
ATHENS, GA 30606

**New Mailing Address:**

FEI Number: 65-0633832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORENCE, WILLIAM L III  
12184 RIVERBEND RD.  
PORT ST. LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: FLORENCE, WILLIAM L III  
Address: 12184 RIVERBEND RD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MEM ( ) Delete  
Name: FLORENCE, MARGARET B  
Address: 12184 RIVERBEND RD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLORENCE, WILLIAM L III  
Address: 12184 RIVERBEND RD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGRM (X) Change ( ) Addition  
Name: FLORENCE, MARGARET B  
Address: 12184 RIVERBEND RD.  
City-St-Zip: PORT ST. LUCIE, FL 34984

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: WILLIAM L FLORENCE III

MGRM

03/31/2004

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