

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001119

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: FARRELL & HARPER LC

**Current Principal Place of Business:**

316 21ST AVENUE NE  
ST. PETERSBURG, FL

**New Principal Place of Business:**

**Current Mailing Address:**

316 21ST AVENUE NE  
ST. PETERSBURG, FL

**New Mailing Address:**

FEI Number: 59-3416511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARPER, LINDA S  
316 21ST AVENUE NE  
ST. PETERSBURG, FL 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: MGRM ( ) Delete  
Name: FARRELL, KATHLEEN L  
Address: 316 21ST AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM ( ) Delete  
Name: HARPER, LINDA S  
Address: 316 21ST AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL

**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: KATHLEEN L. FARRELL

MGRM

04/13/2004

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