


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90214 048 \*\*\*\*50.00

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L97000000753</b> |  |
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| <b>1. Entity Name</b><br>COURTBRUNS, LLC | <b>Principal Place of Business</b><br>1100 LINTON BLVD.<br>SUITE C-9<br>DELRAY BEACH, FL 33444 | <b>Mailing Address</b><br>1100 LINTON BLVD.<br>SUITE C-9<br>DELRAY BEACH, FL 33444 |
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|---|--|
| <b>2. Principal Place of Business</b><br>1001 E. Atlantic Ave<br>Suite, Apt. #, etc.<br>Suite 202<br>City & State<br>Delray Beach, Florida<br>Zip<br>33483<br>Country<br>US | <b>3. Mailing Address</b><br>1000 Market Street<br>Suite, Apt. #, etc.<br>Suite 300<br>City & State<br>Portsmouth, NH<br>Zip<br>03801<br>Country<br>US |
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01212004 Chg-LLC CR2E083 (10/03)

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|--|---|
| <b>4. FEI Number</b><br>65-0822924   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$5.00 Additional Fee Required |   |

|   |   |
|---|---|
| <b>6. Name and Address of Current Registered Agent</b><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|---|

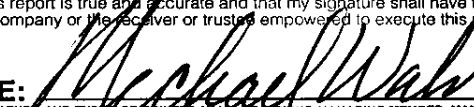
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   |                                 | 10. ADDITIONS/CHANGES                          |  |  |
|--|---|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WALSH, MICHAEL P<br>1100 LINCON BLVD. SUITRE C-9<br>DELRAY BEACH, FL 33444 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1001 E. Atlantic Ave<br>Delray Beach, FL 33483 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WALSH, MARK T<br>1100 LINCON BLVD. SUITRE C-9<br>DELRAY BEACH, FL 33444    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1001 E. Atlantic Ave<br>Delray Beach, FL 33483 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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:**  **Michael Walsh** 2/25/04 (561) 277-9900

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