


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90499 029 ****50.00

DOCUMENT # L9800000867			
1. Entity Name MADDUX REPORT, L.C.			
Principal Place of Business 100 1ST AVENUE SOUT# SUITE 470 ST PETERSBURG FL 33701		Mailing Address P.O. BOX 202 ST PETERBURG FL 33731	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MADDUX, D. CARLEN MGR 100-1ST AVENUE SOUTH, SUITE 470 ST PETERSBURG FL 33701		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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) _____	
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			

24034572



MOORE CR2E083 (11/03)

4. FEI Number **59-3518621** Applied For
Not Applicable

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MADDUX, D. CARLEN 100 1ST AVENUE SO #470 ST PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carlen Maddux* **CARLEN MADDUX** 4.1.04 727/823-4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #