


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90219 032 \*\*\*\*50.00

<b>DOCUMENT # L98000000921</b> 1. Entity Name <b>GANDY L.C.</b>					
Principal Place of Business <b>2106 BISHPAM RD SUITE B SARASOTA, FL 34231</b>			Mailing Address <b>2106 BISHPAM RD SUITE B SARASOTA, FL 34231</b>		
2. Principal Place of Business <b>1159 94th Ave N</b> Suite, Apt. #, etc. <b>SA</b>		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b>		City & State _____		4. FEI Number <b>65-0849493</b>	
Zip <b>33702</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD SUITE 1 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>LPS CORP. SUITS INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. Washington Blvd</b> Suite 1 City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>	
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 <u><i>E. J. Green</i></u> <b>Don Green</b> <span style="float: right;">3/22/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANVIN, INC. 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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: <u><i>Don Green</i></u> <b>Don Green</b> <span style="float: right;">3/24/04 941 924 8786</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					