



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # L98000002045		
1. Entity Name BOREL-SALADIN, L.L.C.		
Principal Place of Business 4807 BAYSHORE BOULEVARD TAMPA, FL 33611	Mailing Address 4807 BAYSHORE BOULEVARD TAMPA, FL 33611	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOREL-SALADIN, ROBERT 4807 BAYSHORE BLVD STE 100 TAMPA, FL 33611		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOREL-SALADIN, ROBERT 4401 MANGROVE PLACE SARASOTA, FL 34242	DO NOT WRITE IN THIS SPACE
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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:  4-25-04 813-230-1459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #		



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0871382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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04/29/04-80154-024 50.00