

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002817

FILED
Jul 01, 2004
Secretary of State

Entity Name: BINGHAMTON ASSOCIATES, L.L.C.

Current Principal Place of Business:

1424 STATE STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1424 STATE STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 06-1531379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, KEVIN
1424 STATE STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

ZERN, KEVIN S
1424 STATE STREET
SARASOTA, FL 34236 US

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: KEVIN S ZERN

07/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BAND, DAVID S
Address: 240 S. PINEAPPLE AVE., 10TH FLOOR
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: MOOERS, RICHARD L
Address: 1424 STATE STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: ZERN, KEVIN S
Address: 1424 STATE STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN S. ZERN

MR.

07/01/2004

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