2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # L9800003232 1. Entity Name ORSATTI & PARTNERS, LLC						Se	cretary of	State
Principal Piace 600 CLEVELA SUITE 1100 CLEARWATER	AND ST	Mailing Address P.O. BOX 2874 CLEARWATER, FL 33757-2874				# ## ## ## ## #### ##### ############		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address	Mailing Address Suite, Apt #, etc.					7
City & State			City & State		04142004 4. FE! Number	Chg-LLC	CR2E083 (10/03)	oplied For
					59-3547		No	t Applicable
Zip	Country Zip		Count	5. Certificate of Status Desired Fee Required				
<u></u>	6. Name and Address of Currer	7. Name and Address of New Registered Agent Name						
ORSATTI, CHARLES T 600 CLEVELAND ST. STE. 1100				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER, FL 33755-4160								
9. The above according to the pulments this chalament for the guypess of changing its registery				Gity FL Zip Code FL Zip Code and office or replaced agont or both in the State of Florida. Lam familier with and accord				
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 - Signature - total or principal name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE								
	iling Fee is \$50.00 ue by May 1, 2004						re check payable to a Department of Stat	e
9.			10.			ADDITIONS		
TITLE 11-ME STREET ADDRESS CITY-ST-ZIP					1470주인 및 목당(6) (☐ Change ☐ Addition			
TITLE 'IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		· -	☐ Change	☐ Addition
TITUE NAME STREET ADORESS GITY-ST-ZIP		☐ Defete		·]			☐ Crange	∏ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Crange	☐ Addition
TITLE MAINE STREET ADDRESS CITY-ST-ZIP		☐ Delete		į			☐ Crange	☐ Add#ion
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	CITY	E EET AOGRESS -ST-ZIP			☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filling 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.								