


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90132 005 \*\*\*\*55.00

DOCUMENT # L99000001573

1. Entity Name  
 PASSERO ASSOCIATES, L.L.C.



Principal Place of Business  
 1405 PARK AVENUE  
 STE 201  
 FERNANDINA BEACH, FL 32034

Mailing Address  
 100 LIBERTY POLE WAY  
 ROCHESTER, NY 14604



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 58-2464511 Applied For  
 Not Applicable

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

~~6. Name and Address of Current Registered Agent~~

NATIONAL CORPORATE RESEARCH, LTD., INC.  
 103 N. MERIDIAN STREET  
 TALLAHASSEE, FL 32301-0000

~~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: *Mark D. Passero*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 8, 2004**

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSERO, GARY W 656 LAKE ROAD WEBSTER, NY 14580	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLESKO, ANDREW 1920 WOODLAKE DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEGMAN, WAYNE 7 WOODFIELD DRIVE WEBSTER, NY 14580	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARUSO, JOHN 13 TALOS WAY ROCHESTER, NY 14624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSERO, DAVID K. 17 SANFILIPPO CIRCLE ROCHESTER, NY 14625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVAGE, DAN 37 SHEFFERTON WAY ROCHESTER, NY 14626	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Passero, Mark D. 8 Harvest Walk Webster, N.Y. 14580	<input type="checkbox"/> Change <input checked="" 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: *David K. Passero*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/104 585-325-1000  
 Date Daytime Phone #

PH. 105