


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003674 1. Entity Name RESTRUCTURE PARTNERS, LLC	
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Principal Place of Business
205 SOUTH HOOVER BLVD., SUITE 101
TAMPA, FL 33609

Mailing Address
205 SOUTH HOOVER BLVD., SUITE 101
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3583964

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CECCARELLI, JACK J
205 SOUTH HOOVER BLVD., SUITE 101
TAMPA, FL 33609

**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 _____

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 May 1, 2004**

U000000119046
04/19/04-80085-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESTRUCTURE PETROLEUM MARKETING SERVICES 205 SOUTH HOOVER BLVD., SUITE 101 TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-04 (813) 636-8111