## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L9900004057

1. Entity Name PINELLAS L.L.C.

FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

708 COMMERCE WAY JUPITER, FL 33485 Mailing Address

708 COMMERCE WAY JUPITER, FL 33485



04142004 No Chg-LLC

CR2E083 (10/03)

Daytima Phone #

| 4. FEI Number                    | <br>Applied For                   |  |
|----------------------------------|-----------------------------------|--|
| 59-2533186                       | <br>Not Applicable                |  |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

HEATON, JAMES L 708 COMMERCE WAY JUPITER, FL 33485

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

| JUPITER,                                 | FL 33463   | IN THIS  | S SPACE   |
|--|--|--|---|
|  | named entity submits this statement for the purpose of char<br>ions of registered agent.   | l<br>aging its registered office or registered agent, or both, in the  | State of Florida. I am familiar with, and accept  |
| SIGNATURE_                               | Signature, typed or printed name of registered agent and title if applicable   | (NOTE Registered Agent algositure required when reinstating)   | DATE  |
| Fi                                       | lling Fee is \$50.00<br>ue by May 1, 2004  |  |   |
| 9.                                       | MANAGING MEMBERS/MANAGERS  |  | F. (1971) the contract of the first contract of   |
| MLE                                      | MGRM   | rai.   | U00000125688<br>/23/04-80005-001 50.00  |
| NAME                                     | HEATON, JAMES L  | U47  | 7237U4-8UUU5-UUI 5U.UU  |
| STREET ADDRESS                           | 708 COMMERCE WAY   | ļ  |   |
| CITY-ST-ZIP                              | JUPITER, FL. 33485   |  |   |
| TITLE                                    |  |  |   |
| NAME                                     |  |  |   |
| STREET ADDRESS                           |  |  |   |
| City-St-ZIP                              |  |  |   |
| TITLE                                    |  |  |   |
| NAME                                     |  |  |   |
| STREET ADDRESS                           |  | I DO NO  | T WRITE   |
| CITY-ST-ZIP                              |  |  |   |
| TITLE                                    |  | I IN THIS  | S SPACE   |
| NAME<br>ATTREET LOOPERS                  |  |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP            |  |  |   |
|  |  |  |   |
| TITLE                                    |  |  |   |
| STREET ADDRESS                           |  |  |   |
| CITY -ST - ZIP                           |  |  |   |
| TITLE                                    |  |  |   |
| NAME                                     |  |  |   |
| STREET ADDRESS                           |  | <b>j</b>   |   |
| CITY-ST-ZIP                              |  |  |   |
| 11. I hereby<br>indicated<br>limited lis | certify that the information supplied with this filling does not of on this report is true and accurate and that my signature stability company of the receiver of trustee empowered to exer | qualify for the exemption stated in Section 119.07(3)(i), Florida<br>nall have the same legal effect as if made under oath; that I a<br>cute this report as required by Chapter 609, Florida Statutes. | a Statutes. I further certify that the information in a managing member or manager of the |

ONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE