

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004590

FILED
Apr 14, 2004
Secretary of State

Entity Name: FALKENBURG COMPANY L.L.C.

Current Principal Place of Business:

C/O STEVE SAMAHA 1 TAMPA CITY CTR
201 N FRANKLIN ST #2600
TAMPA, FL 33602

New Principal Place of Business:

C/O STEVE SAMAHA 1 TAMPA CITY CTR
201 N FRANKLIN ST #2600
TAMPA, FL 33602 US

Current Mailing Address:

C/O STEVE SAMAHA 1 TAMPA CITY CTR
201 N FRANKLIN ST #2600
TAMPA, FL 33602

New Mailing Address:

C/O STEVE SAMAHA 1 TAMPA CITY CTR
201 N FRANKLIN ST #2600
TAMPA, FL 33602 US

FEI Number: 59-3466234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHRENFELD, CRAIG E
601 BAYSHORE BOULEVARD, SUITE 700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SAMAHA, STEVEN M
Address: 1 TAMPA CITY CTR, 201 N FRANKLIN ST #2600
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMAHA, STEVEN M
Address: 1 TAMPA CITY CTR, 201 N FRANKLIN ST #2600
City-St-Zip: TAMPA, FL 33602 US

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: STEVEN M. SAMAHA

MGR

04/14/2004

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