



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90290 035 ****50.00

DOCUMENT # L99000005423 1. Entity Name DILL & EVANS, P.L.					
Principal Place of Business 1515 US HWY 1 SUITE 201 SEBASTIAN, FL 32958			Mailing Address 1515 US HWY 1 SUITE 201 SEBASTIAN, FL 32958		
2. Principal Place of Business 1565 US 1 Suite, Apt. #, etc.		3. Mailing Address 1565 US 1 Suite, Apt. #, etc.			
City & State Sebastian, FL		City & State Sebastian, FL		4. FEI Number 65-0944806	
Zip 32958		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DILL, WARREN W 1515 US HWY 1 SUITE 201 SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1565 US 1 City Sebastian FL Zip Code 32958	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILL, WARREN W P.A. 1515 US HWY 1 SUITE 201 SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, JOHN G P.A. 1515 US HWY 1 SUITE 201 SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Warren W. Dill</i>		Warren W. Dill		3/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	