2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 24, 2004 8:00 am Secretary of State

1. Entity Name	MENT # L99000005: oLDINGS, LLC	729					004 90100 043	****50.00
Principal Place 101 E KENNE SUITE 3300 TAMPA, FL 3		Mailing Address - 101 E KENNEDY BLV SUITE 3300 TAMPA, FL 33602					1001 100 100 100 100 100 100 100 100 10	
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004	Chg-LLC	CR2E083 (10/0	3)
City & State		City & State			4. FEI Numb 59-359			Applied For Not Applicable
Zip	Country	Zip	Coun	itry	5. Certificate	of Status Desired	□ \$5.00 Fee Requ	
	6. Name and Address of Current I	Registered Agent			7. Name an	Address of New R	egistered Agent	
				Name		•		
GORDON, BRAD A 101 E. KENNEDY BLVD., SUITE 3925 - TAMPA, FL 33602		300 L- Change Suite t		Street Add	Address (P.O. Box Number is Not Acceptable)			
•		Sur	۷ +					
				City			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing	its register	ed office or re	egistered agent, or bo	oth, in the State of Flo	irida. I am familiar w	th, and accept.
SIGNATURE .	Signature, typed or printed name of registered agent a						DATE	
	Signature, typed or printed frame or registered again to	ind title it applicable. (N	IOTE: Registere	d Agent signature	a required when reinstating)		DATE	
Fi	iling Fee Is \$50.00 ue by May 1, 2004	nd title if applicable. (N	OTE: Registera	d Agent signature	a required when feinstating)		e check payable to Department of S	
Fi	iling Fee is \$50.00	_	IOTE: Registera	· · · · · · · · · · · · · · · · · · ·	required when reinstating)		e check payable t Department of S	
Fi Do	iling Fee Is \$50.00 ue by May 1, 2004 MANAGING MEMBE MGRM	_		,	required when reinstating:	Florida	e check payable t Department of S	tate
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9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM MICHAELS, J. PATRICK JR 101 E KENNEDY, BLVD. SUITE 3 TAMPA, FL 33602	RS/MANAGERS Delete 300 Delete	10. TITL NAM STRI TITL NAM STRI TITL NAM STRI	E AE EET ADDRESS (-ST-ZIP		Florida ADDITIONS/	e check payable t Department of S	ge Addition
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11. Thereby 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 received or sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date Date