

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006365

Entity Name: WILLIAM S. DUDLEY, LLC

**FILED**  
**Mar 03, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

312 EAST VENICE AVENUE, SUITE 201  
VENICE, FL 34292

**New Principal Place of Business:**

333 SOUTH TAMiami TRAIL  
315  
VENICE, FL 34285

**Current Mailing Address:**

312 EAST VENICE AVENUE, SUITE 201  
VENICE, FL 34292

**New Mailing Address:**

333 SOUTH TAMiami TRAIL  
315  
VENICE, FL 34285

FEI Number: 65-0961142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUDLEY, WILLIAM S  
312 EAST VENICE AVENUE, SUITE 201  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

DUDLEY, WILLIAM S  
333 SOUTH TAMiami TRAIL  
315  
VENICE, FL 34292 US

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: WILLIAM S DUDLEY

03/03/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DUDLEY, WILLIAM S  
Address: 312 EAST VENICE AVENUE, SUITE 205  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUDLEY, WILLIAM S  
Address: 333 SOUTH TAMiami TRAIL SUITE 315  
City-St-Zip: VENICE, FL 34285

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: WILLIAM S DUDLEY

MGRM

03/03/2004

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