## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED May 07, 2004 08:00 AM Secretary of State

DOCUMENT	#	L990000068	15
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1. Entity Name ROUTE 19 ASSOCIATES, LLC



Principal Place of Business

9734 U.S. 19 PORT RICHEY, FL 34668 Mailing Address

9734 U.S. 19

PORT RICHEY, FL 34668



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0957389 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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	<ol> <li>i am lamiliar with, and accept</li> </ol>
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

CATE

Filing Fee is \$50.00 Due by May 1, 2004

U00000158285 05/07/04-80015-014 50.00

MANAGING MEMBERS/MANAGERS 9. MGRM ШL BEDGIO, CHRISTY NAME STREET ADDRESS 9734 U.S. 19 CITY-ST-ZIP PORT RICHEY, FL 34668 MGRM TITLE BEDGIO, NANETTE NAME STREET ADDRESS 9734 U.S. 19 PORT RICHEY, FL 34668 CITY-ST-ZIP mu NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70P 11111 STREET ADDRESS

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11. I hereby certify that the information supplied with this liling 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 it made under call, 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 (727)

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ABORESS

CITY-S1-ZIP

JRE:

4/30/04

949-5200

Daytima Phone 6