

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007592

1. Entity Name
OLDSMAR 584 PROJECT, L.C.



Principal Place of Business
80 FOXFIRE LANE
OLDSMAR, FL 34677

Mailing Address
80 FOXFIRE LANE
OLDSMAR, FL 34677



07272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3608186

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRWIN, JAMES W
80 FOXFIRE LANE
OLDSMAR, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when relistening)

DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
IRWIN, JAMES W
80 FOXFIRE LANE
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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08/19/04-80004-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/28/04

Date

727-789-4115

Daytime Phone #

James W. Irwin, Manager