

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008141

FILED  
May 04, 2004  
Secretary of State

**Entity Name:** LIVE OAK ORCHIDS, L.L.C.

**Current Principal Place of Business:**

1223 E CRAWFORD ST  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1223 E CRAWFORD ST  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 59-3607956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOWALCZYK, RYAN  
1223 E CRAWFORD ST  
TAMPA, FL 33604 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BURCHETT, JOHN  
Address: 1223 E CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

Title: MGRM ( ) Delete  
Name: KOWALCZYK, RYAN  
Address: 1223 E CRAWFORD ST  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** RJK

VP

05/04/2004

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