

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008383

FILED
Apr 23, 2004
Secretary of State

Entity Name: PARISH BASS URISH POPECK, L.L.C.

Current Principal Place of Business:

1020 8TH AVENUE SOUTH
SUITE 1
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1020 8TH AVENUE SOUTH
SUITE 1
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0968051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, TERRI L
1020 8TH AVENUE SOUTH
NAPLES, FL 34102 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: PARISH, DAVID E
Address: 1020 8TH AVENUE SOUTH, SUITE 1
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete
Name: BASS, TERRI L
Address: 1020 8TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: URISH POPECK & CO., L.L.C.
Address: THREE GATEWAY CENTER
City-St-Zip: PITTSBURGH, PA 152221015

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TERRI, BASS L
Address: 1020 8TH AVENUE SOUTH, SUITE 1
City-St-Zip: NAPLES, FL 34102

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: TERRI L BASS

MGRM

04/23/2004

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