2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# M00000001314

Entity Name: KNIGHT TALLMAN & COMPANY LLC

Current Principal Place of Business:

100 BEACH DRIVE, N.E SUITE 1701
ST. PETERSBURG, FL 33701

New Principal Place of Business:

5200 62ND AVE S
ST. PETERSBURG, FL 33715

Current Mailing Address:

100 BEACH DRIVE, N.E SUITE 1701
ST. PETERSBURG, FL 33701

New Mailing Address:

5200 62ND AVE S
ST. PETERSBURG, FL 33715

FEI Number: 58-2447872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CRAIG KNIGHT, INC.,
Address: 11 PROPRIETOR'S CROSSING
City-St-Zip: NEW CANAAN, CT 06840

Title: MGRM ( ) Delete
Name: TALLMAN & ZURAVEL, I, NC.
Address: 100 BEACH DRIVE, S.E., SUITE 1701
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: TALLMAN & ZURAVEL, I, NC.
Address: 5200 62ND AVE S
City-St-Zip: ST. PETERSBURG, FL 33715

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: SAMUEL V TALLMAN TREA 02/25/2004

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