

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001238

FILED  
Sep 09, 2004  
Secretary of State

Entity Name: 2600 HIGHLANDS BOULEVARD, NORTH, LLC

**Current Principal Place of Business:**

2600 HIGHLANDS BLVD.  
NORTH PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

2600 HIGHLANDS BLVD.  
NORTH PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 06-1621884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: HARRIS, SHARON  
Address: 34921 US HIGHWAY 19 N, #415  
City-St-Zip: PALM HARBOR, FL 34684

Title: MGR ( ) Delete  
Name: COOPER, ALAN  
Address: 2600 HIGHLANDS BLVD NORTH  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POLITZ, SAMUEL  
Address: 34921 US HIGHWAY 19 N, #415  
City-St-Zip: PALM HARBOR, FL 34684

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: SAMUEL POLITZ

MGR

09/09/2004

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