


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90049 029 *****50.00

DOCUMENT # M01000001239 1. Entity Name 4927 VORHEES ROAD, LLC	
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Principal Place of Business 4927 VORHEES RD. NEW PORT RICHEY, FL 34653	Mailing Address 4927 VORHEES RD. NEW PORT RICHEY, FL 34653
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1621891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, SHARON 34921 US HIGHWAY 19 N #415 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, DAWN 4927 VORHEES ROAD NEW PORT RICHEY, FL 34653
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Sharon Harris Date: 4-6-04

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

Date Daytime Phone #