

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90082 014 ****55.00

DOCUMENT # M01000002295

1. Entity Name

AG ARMSTRONG DEVELOPMENT LLC



Principal Place of Business

13801 NORTH DALE MABRY HWY., STE. 200
TAMPA FL 33618

Mailing Address

13801 NORTH DALE MABRY HWY., STE. 200
TAMPA FL 33618

24060037



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3746095

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOINS, ALLEN
13801 NORTH DALE MABRY HWY., STE. 200
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GOINS, ALLEN
STREET ADDRESS 13928 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33613

TITLE MGRM ☐ Delete
NAME BALDWIN, W GREGG
STREET ADDRESS 13928 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33613

TITLE MGRM ☐ Delete
NAME FRISCH, ROBERT
STREET ADDRESS 13928 SHADY SHORES DRIVE
CITY-ST-ZIP TAMPA FL 33613

TITLE MGRM ☐ Delete
NAME MCHARGUE, R.A.
STREET ADDRESS 9322 DEERCREEK ROAD
CITY-ST-ZIP TAMPA FL 33647

TITLE MGRM ☒ Delete
NAME CORR, STEPHANIE
STREET ADDRESS 1019 S STERLING AVENUE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS BRUCE T. SWAIN
CITY-ST-ZIP 722 SHORE DR. E.
OLDSMAR, FL 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard Armstrong
Richard Armstrong

4/26/04

813/265-4500

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

Date

Daytime Phone #