

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90060 012 \*\*\*\*50.00

**DOCUMENT # M97000000620**

1. Entity Name  
**STORGARD DEVELOPMENT LLC**



Principal Place of Business  
1700 BEN FRANKLIN #8D  
12D  
SARASOTA, FL 34236

Mailing Address  
1700 BEN FRANKLIN #8D  
12D  
SARASOTA, FL 34236

**24078623**



2. Principal Place of Business

**1700 Ben Franklin Drive**  
Suite, Apt. #, etc.  
**#12D**

3. Mailing Address

**P.O. Box 1753**  
Suite, Apt. #, etc.

07272004 Chg-LLC CR2E083 (10/03)

City & State

**Sarasota, FL**

City & State

**Lawrence, KS**

4. FEI Number  
**48-1072089**

Applied For  
Not Applicable

Zip  
**34236**

Country  
**USA**

Zip  
**66044**

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTALARIA, JES**  
**1700 BEN FRANKLIN DRIVE #12 D**  
**SARASOTA, FL 34236**

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

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**SANTALARIA, J E**  
**1628 PRESTWICK DRIVE**  
**LAWRENCE, KS 66047**

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #

**7/27/04 785-749-0000**