## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L00000000963 MARY ANN APARTMENTS, L.L.C. Principal Place of Business Mailing Address 9414 SPRING HILL DRIVE 9414 SPRING HILL DRIVE SPRING HILL, FL 34608 SPRING HILL, FL 34608 03132004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3648275 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROETMAN, THOMAS DO NOT WRITE 9414 SPRING HILL DRIVE SPRING HILL, FL 34608 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. Signature, typed or printed name of registered egent and file if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE NAME ROETMAN, THOMAS STREET ADDRESS 9414 SPRING HILL DRIVE U00000153081 05/04/04-80109-008 50.00 CITY-ST-ZIP SPRING HILL, FL 34608 TITLE NAME STREET ADDRESS GITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME. STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X / W W SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYP

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

X 2/26/04 Daylime Phone N

**FILED**