


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-29-2004 90079 029 ****50.00

DOCUMENT # L00000004548					
1. Entity Name ABBBE JOAN ENTERPRISES, LLC					
Principal Place of Business 4100 CORPORATE SQUARE, SUITE 133 NAPLES FL 34104			Mailing Address 4100 CORPORATE SQUARE, SUITE 133 NAPLES FL 34104		
2. Principal Place of Business 4535 DOMESTIC AVE. Suite, Apt. #, etc. SUITE A City & State NAPLES Zip 34104 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3637366				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SLADICK, ABBIE J 14793 FRIPP ISLAND CT. NAPLES FL 34119			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2611 66TH ST. SW City NAPLES FL Zip Code 34105		
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 <u>ABBIE SLADICK, PRESIDENT</u>		X <u>Abbie J.W. Slavick</u>		DATE <u>4/27/04</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$50.00			Make Check Payable to Florida Department of State		
Due By May 1, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLADICK, ABBIE J.W.	NAME			
STREET ADDRESS	14793 FRIPP ISLAND CT	STREET ADDRESS	2611 66TH ST. SW		
CITY - ST - ZIP	NAPLES FL 34119	CITY - ST - ZIP	NAPLES FL 34105		
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LENAHAN, ROBERT C	NAME			
STREET ADDRESS	3505 GUILFORD RD	STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL 34112	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 606, Florida Statutes.					
SIGNATURE: X <u>Abbie J.W. Slavick</u>		ABBBE SLADICK		4/27/04 239-435-0677	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	