

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2004 90065 014 ****50.00

DOCUMENT # L00000012075

1. Entity Name
FLORIDAYS ORLANDO VENTURES, LLC



Principal Place of Business
73 S. PALM AVE.
SUITE 223
SARASOTA, FL 34236

Mailing Address
73 S. PALM AVE.
SUITE 223
SARASOTA, FL 34236

24059187



2. Principal Place of Business

3. Mailing Address

04282004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1046265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGREVE, BRADLEY W ESQ.
3700 S. TAMiami TRAIL
SUITE 201
SARASOTA, FL 34239

Name **ANGUS C. ROGERS**
Street Address (P.O. Box Number is Not Acceptable)
13 S. PALM AVE
SUITE 223
City **SARASOTA** FL Zip Code **34236**

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 May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NERBONNE NORTH DEVELOPMENT CORP.
73 S. PALM AVE., SUITE 223
SARASOTA, FL 34236 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

Angus C Rogers **Angus C. Rogers** 4/28/04 941-954-1111

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

Date

Daytime Phone #