


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000048 .  
 1. Entity Name  
 AXCO OF FLORIDA, L.L.C.



Principal Place of Business      Mailing Address  
 17831 SAN CARLOS BLVD.      17831 SAN CARLOS BLVD.  
 FORT MYERS BEACH, FL 33931      FORT MYERS BEACH, FL 33931

**DO NOT WRITE IN THIS SPACE**



08192004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 65-1071941      Not Applicable

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

5. Name and Address of Current Registered Agent  
 SCHULZ, AXEL  
 926 THIRD STREET  
 FORT MYERS BEACH, FL 33931

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHULZ, AXEL 926 THIRD STREET FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLANZNER, MANFRED 1434 ARGYLE DRIVE FORT MYERS, FL 33919
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 09/13/04-80001-002 50.00

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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: \_\_\_\_\_ DATE: 9/7/04 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE