


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000907389

1. Entity Name
MENNA-PINELLAS, LLC



Principal Place of Business 38724 U.S. 19 N. STE. 100 TARPON SPRINGS, FL 34689	Mailing Address 38724 U.S. 19 N. STE. 100 TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3721260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRATESI, EMIL G ESQ.
 1253 PARK STREET
 CLEARWATER, FL 33756**

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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 reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENNA, MARIO 38724 US 19 N. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENNA, JOHN 38724 US 19 N. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENNA, AUGUSTINE 38724 US 19 N. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENNA, MARC 38724 US 19 N. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(b), 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 60B, Florida Statutes.

SIGNATURE: MARC MENNA Date 4/1/04 Daytime Phone # 727-938-8814

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