


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021698
 1. Entity Name
SNELL/PARKER/WAICHMAN HOLDINGS, LLC



Principal Place of Business Mailing Address
3655 BONITA BEACH RD., UNIT 3 **3655 BONITA BEACH RD., UNIT 3**
BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
01-0566872 Not Applicable

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

6. Name and Address of Current Registered Agent
SNELL, JERRY B
3655 BONITA BEACH RD., UNIT 3
BONITA SPRINGS, FL 34134

DO NOT WRITE 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000140053
 04/29/04-80144-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNELL, JERRY B 600 92ND AVE NO NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, JERROLD 26451 ROOKERY LAKE DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAICHMAN, HERBERT 27831 RIVERWALK WAY BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

Date _____ Daytime Phone # _____