


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|-------------------------|---|
| DOCUMENT # L02000008397 |  |
|-------------------------|---|

| | |
|---|---|
| Principal Place of Business 26451 ROOKERY LAKE DRIVE BONITA SPRINGS, FL 34134 | Mailing Address 26451 ROOKERY LAKE DRIVE BONITA SPRINGS, FL 34134 |
|---|---|

DO NOT WRITE IN THIS SPACE



02182004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 04-3640293 | 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

PARKER, JERROLD
26451 ROOKERY LAKE DRIVE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

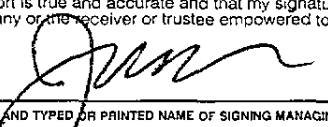
**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARKER, JERROLD S 26451 ROOKERY LAKE DR BONITA SPRINGS, FL 34134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WAICHMAN, HERBERT L 163 W. 95TH ST NEW YORK, NY 10025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000062203
02/23/04-80111-013 50.00

**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:  Jerrold S. Parker 2-19-04 2393902424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #