

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 012 ****50.00

DOCUMENT # L02000017336

1. Entity Name
SL ENTERPRISES, LLC



Principal Place of Business: **222 SOUTH US HWY ONE, STE 209 JUPITER, FL 33469**

Mailing Address: **222 SOUTH U.S. HIGHWAY ONE, SUITE 209 TEQUESTA, FL 33469**

24045939



04052004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

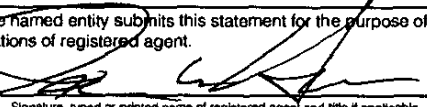
4. FEI Number 52-2370801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JAMES W
~~1000 U.S. HIGHWAY ONE, #762~~ **222 S. U.S. Hwy One, #209**
JUPITER, FL 33477 **Tequesta, FL 33469**

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:  **JAMES W. HALL** DATE: **4-6-04**

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

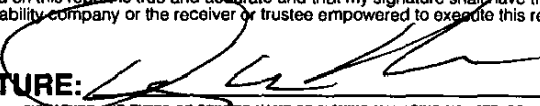
Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLINGER, RICHARD P 222 S. US HWY ONE #209 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, JAMES W 1000 US HWY ONE, #302A 222 So. U.S. Hwy. One, #209 JUPITER, FL 33477 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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:  **JAMES W. HALL** DATE: **4-6-04** (561)744-3341

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