


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90030 049 \*\*\*\*50.00

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT #</b> L02000034640 |  |
| 1. Entity Name<br>EU-US, LLC   |   |

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|--|--|
| Principal Place of Business<br>2198 MAIN STREET<br>SARASOTA, FL 34237 US | Mailing Address<br>2198 MAIN STREET<br>SARASOTA, FL 34237 US |
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|   |   |
|---|---|
| 2. Principal Place of Business<br>4915 1st Avenue East<br>Suite, Apt. #, etc. | 3. Mailing Address<br>4915 1st Avenue East<br>Suite, Apt. #, etc. |
|---|---|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>Bradenton, FL | City & State<br>Bradenton, FL |
| Zip<br>34208                  | Zip<br>34208                  |
| Country<br>USA                | Country<br>USA                |



01142004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>76-0721654  |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br>JAENSCH, P. CHRISTOPHER<br>2198 MAIN STREET<br>SARASOTA, FL 34237 |  | 7. Name and Address of New Registered Agent<br>Name: Charlotte Navas<br>Street Address (P.O. Box Number is Not Acceptable): 4915 1st Avenue East<br>City: Bradenton FL Zip Code: 34208 |

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: C. Navas CHARLOTTE NAVAS, ASS. MANAGER, PARTNER 1/14-04  
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<br>Due by May 1, 2004 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DE WAAL, MARIANNE<br>C/O 2198 MAIN STREET<br>SARASOTA, FL 34237 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4915 1st Avenue East<br>Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HAGMAN, HELMER<br>C/O 2198 MAIN STREET<br>SARASOTA, FL 34237 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4915 1st Avenue East<br>Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: X HELMER HAGMAN PARTNER, GEN MANAGER 1/14-04 941-745-1292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #