


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-25-2004 90281 007 ****55.00

DOCUMENT # L03000039570			
1. Entity Name PIPER'S CROSSING, LLC			
Principal Place of Business 2375 TAMiami TRAIL NORTH, STE. 208C NAPLES FL 34103		Mailing Address 2375 TAMiami TRAIL NORTH, STE. 208C NAPLES FL 34103	
2. Principal Place of Business		3. Mailing Address <i>CRIFASI ENTERPRISES, INC.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2375 Tamiami Trail North - Suite 208c</i>	
City & State		City & State <i>NAPLES, FLA. 34103</i>	
Zip	Country	Zip	Country
<i>34103</i>		<i>34103</i>	<i>USA</i>
4. EEI Number <i>51-0444861</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRIFASI ENTERPRISES, INC. 2375 TAMiami TRAIL NORTH, STE. 208C NAPLES FL 34103		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<i>CRIFASI Enterprises, Inc. By JACK CRIFASI - managing member</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2375 TAMiami TRAIL NORTH STE 208C</i>	NAME	
STREET ADDRESS	<i>NAPLES, FLA 34103</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Piper's Crossing LLC</i>		<i>2/10/2004 234-594-7000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	