

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009935

FILED
Mar 08, 2005
Secretary of State

Entity Name: S04, LLC

Current Principal Place of Business:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 20-0709286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOHMAN, RUTH
Address: 28000 SPANISH WELLS BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM () Delete
Name: LOHMANN, JUERGEN
Address: 28000 SPANISH WELLS BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGRM () Delete
Name: NAVAJO VALLEY USA, I, NC.
Address: 28000 SPANISH WELLS BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RUTH LOHMANN

MGRM

03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date