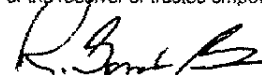


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002017 1. Entity Name BRUNNER FAMILY ENTERPRISES, LLC					
Principal Place of Business 11596 QUAIL VILLAGE WAY NAPLES FL 34119			Mailing Address 11596 QUAIL VILLAGE WAY NAPLES FL 34119		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-2129735 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				5. Name and Address of Current Registered Agent BRUNNER, R. GORDON 11596 QUAIL VILLAGE WAY NAPLES FL 34119	
6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			U000000025273 02/02/04-80097-024 50.00		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete			
NAME	BRUNNER, R. GORDON				
STREET ADDRESS	11596 QUAIL VILLAGE WAY				
CITY- ST- ZIP	NAPLES FL 34119				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
		☐ Change	☐ Addition		
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change	☐ Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change	☐ Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change	☐ Addition		
NAME					
STREET ADDRESS					
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #