

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000028932

1. Entity Name  
1101 WEST NINTH AVE, LLC



Principal Place of Business  
1101 - 9TH AVE., WEST  
BRADENTON, FL 34205

Mailing Address  
1101 - 9TH AVE., WEST  
BRADENTON, FL 34205



02092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2301615

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CABANILLAS, DENISE  
161 9TH AVE W  
BRADENTON, FL 34205

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BURNETT, CECIL RAY III  
1101 - 9TH AVE., WEST  
BRADENTON, FL 34205

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CABANILLAS, DENISE K  
1101 - 9TH AVE., WEST  
BRADENTON, FL 34205

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

000000048729  
02/12/04-80092-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #