

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036710

FILED
Apr 29, 2004
Secretary of State

Entity Name: 11640 ENTERPRISES, LLC

Current Principal Place of Business:

2397 SE PINERO ROAD
PORT ST LUCIE, FL 34952

New Principal Place of Business:

1343 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

1343 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

New Mailing Address:

1343 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

FEI Number: 01-0800134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANNOM, DAVID S
1343 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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: CAIRNS, JOHN S
Address: 12038 RIVERBEND ROAD
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGR () Delete
Name: CAIRNS, MARLENE A
Address: 12038 RIVERBEND ROAD
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAIRNS, JOHN S
Address: 12038 RIVERBEND ROAD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGR (X) Change () Addition
Name: CAIRNS, MARLENE A
Address: 12038 RIVERBEND ROAD
City-St-Zip: PORT ST LUCIE, FL 34984 US

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: JOHN S. CAIRNS, DDS

MGRM

04/29/2004

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