


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000137</b> 1. Entity Name <b>MICANOPY ONE, LLC</b>	
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Principal Place of Business <b>19350 NORTHWEST 123RD COURT MICANOPY, FL 32667</b>	Mailing Address <b>19350 NORTHWEST 123RD COURT MICANOPY, FL 32667</b>
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01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3618764</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>KARPAN, JULIE 19350 NORTHWEST 123RD COURT MICANOPY, FL 32667</b>
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**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 reinstating) DATE

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

U00000034346  
02/05/04-80080-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLY, JERRY 19350 NORTHWEST 123RD COURT MICANOPY, FL 32667</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KARPAN, JULIE 19350 NORTHWEST 123RD COURT MICANOPY, FL 32667</b>
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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:** Julie M Kapan, Managing Member 1/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #