

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000869

FILED
Jan 26, 2004
Secretary of State

Entity Name: TROJER ENTERPRISES, LLC

Current Principal Place of Business:

1326 CAPE CORAL PARKWAY
SUITE 12
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5301 CONROY ROAD, SUITE 140
ORLANDO, FL 32811

New Mailing Address:

7087 GRAND NATIONAL DRIVE
100
ORLANDO, FL 32819

FEI Number: 59-3620328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, PAUL CAMP ATTY
5301 CONROY ROAD, SUITE 140
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

LANE, PAUL CAMP ATTY
7087 GRAND NATIONAL DRIVE
100
ORLANDO, FL 32819 US

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:

01/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: TROJER, JAKOB
Address: 1326 CAPE CORAL PKWY E STE 12
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR () Delete
Name: TROJER, ROLAND
Address: 1326 CAPE CORAL PKWY E STE 12
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TROJER, JAKOB
Address: 1326 CAPE CORAL PKWY E STE 12
City-St-Zip: CAPE CORAL, FL 33904

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: JAKOB TROJER

MGRM

01/26/2004

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