

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

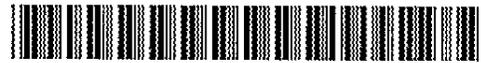
**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000920  
 1. Entity Name  
 WENCHES, LLC



Principal Place of Business 25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS, FL 34134	Mailing Address 25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS, FL 34134
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**DO NOT WRITE IN THIS SPACE**



07162004 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent  
 HAGAN, ELIZABETH  
 25216 PELICAN CREEK CIRCLE, #103  
 BONITA SPRINGS, FL 34134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

U00000167816  
 07/22/04-80010-005 183.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAGAN, ELIZABETH 25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS, FL 34134
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U00000167816  
 07/22/04-80010-005 50.00

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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: Elizabeth Hagan \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_