

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001433

1. Entity Name
ACTIVE ENTERPRISES, L.L.C.



Principal Place of Business
5043 GENESEE PARKWAY
BOKEELIA, FL 33922

Mailing Address
5043 GENESEE PARKWAY
BOKEELIA, FL 33922



01282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994457

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, PELHAM
5043 GENESEE PARKWAY
BOKEELIA, FL 33922

**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 registering)

DATE

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

U000000056199
02/19/04-80010-012 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WAGNER, PELHAM
5043 GENESEE PARKWAY
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WAGNER, BEATRIZ
5043 GENESEE PARKWAY
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WAGNER, DARREN
5043 GENESEE PKWY
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(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: X

X2-15-04

239 283 2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #