2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# L00000001757

Entity Name: INGA FAHS-GIELISSE, LLC

Current Principal Place of Business:

2709 KILLEARNY WAY STE 5
TALLAHASSEE, FL 32309

New Principal Place of Business:

2709 KILLEARNY WAY STE 4
TALLAHASSEE, FL 32309

Current Mailing Address:

2709 KILLEARNY WAY STE 5
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3627189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAHS-GIELISSE, INGA
2709 KILLERANY WAY
TALLAHASSEE, FL 32308 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: DR ( ) Delete
Name: FAHS-GIELISSE, INGA G
Address: 5667 SANTA ANITA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FAHS-GIELISSE, INGA G
Address: 5667 SANTA ANITA DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: INGA FAHS-GIELISSE MGR 07/13/2004

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