

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002352

1. Entity Name

JACARANDA OF SOUTHWEST FLORIDA, L.L.C.



Principal Place of Business

1473 PERIWINKLE WAY
SANIBEL, FL 33957

Mailing Address

1473 PERIWINKLE WAY
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0961689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L
1473 PERIWINKLE WAY
SANIBEL, FL 33957

**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**

U000000093726
03/22/04-80030-004 550.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PRITCHARD, WILLIAM L
STREET ADDRESS 1473 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL, FL 33957

TITLE MGRM
NAME PRITCHARD, ROGER
STREET ADDRESS 1473 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL, FL 33957

TITLE MGRM
NAME GAETA, MARGARETA
STREET ADDRESS 1473 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL, FL 33957

TITLE MGRM
NAME GAETA, PAUL F
STREET ADDRESS 1473 PERIWINKLE WAY
CITY- ST- ZIP SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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:

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

Date

Daytime Phone #