


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90073 032 ****50.00

DOCUMENT # L00000002779	
1. Entity Name THE GUEST HOUSE, LLC	

Principal Place of Business 6010 SIXTEENTH AVENUE N.W. NAPLES FL 34119	Mailing Address 6010 SIXTEENTH AVENUE N.W. NAPLES FL 34119
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2. Principal Place of Business 6010 STANDING OAKS LANE Suite, Apt. #, etc.	3. Mailing Address 6010 STANDING OAKS LANE Suite, Apt. #, etc.
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City & State NAPLES, FL 34119	City & State NAPLES, FL 34119
Zip 34119	Zip 34119
Country USA	Country USA

4. FEI Number 59-3650390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DEVINE GOODMAN PALLOT & WELLS, P.A. 777 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFROTH, ANGELA M 6010 SIXTEENTH AVENUE N.W. NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFROTH, ALEXANDER H 6010 SIXTEENTH AVENUE N.W. NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Angela M. Coffroth **ANGELA M. COFFROTH** (239) 598-3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #