

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90229 033 \*\*\*\*50.00

**DOCUMENT # L00000002968**

1. Entity Name  
STETSON INVESTMENTS, LLC



Principal Place of Business  
4744 SPINNAKER DR  
BRADENTON, FL 34208

Mailing Address  
4744 SPINNAKER DR  
BRADENTON, FL 34208

**42020018**



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0994512	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~BELLE, MICHAEL J~~  
~~2364 FRUITVILLE ROAD~~  
~~SARASOTA, FL 34237~~

Antonio F. Uccello, III  
4744 Spinnaker Drive  
Bradenton, FL 34208

**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.

Antonio F. Uccello, III

(NOTE: Registered Agent signature required when reinstating)

4/19/04

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UCCELLO, ANTONIO F III 4744 SPINNAKER DRIVE BRADENTON, FL 34208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

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

4/19/04

Date

941/741-9576

Daytime Phone #