2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2004 08:00 AN Secretary of State

	ANNUAL REFORT		Secretary of State	Ā
DOCU	MENT # L00000004007		Secretary or State	/
1. Entity Nan	ne			
SAUNDE	ERS ROAD, L.L.C.			
<u> </u>		- Sent		
} '	ce of Business Mailing Address			
751 FREDER			{	
HANOVER, F	PA 17331 HANOVER, PA 17331			
	<u> </u>		<u> </u>	
}				
DO NOT WRITE IN THIS SPA		CE		
			01092004 No Chg-LLC	
			4. FEI Number Applied For	_
			65-0998233 Not Applicat	le
{			5. Certificate of Status Desired \$5.00 Additional	
}	C North Addition of Control of Control		Fee Required	<u></u>
	8. Name and Address of Current Registered Agent	4		
SEIDER, 1	WILLIAM M		DO NOT WOITE	
200 SOUTH ORANGE AVENUE			DO NOT WRITE	
SARASO	ra, FL 34236	}	IN THIS SPACE	
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	ا الله المراجع الله المراجع الله الله الله الله الله الله الله الل		and the second s	
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.	<u></u>	e.	The same of the sa	2
<u> </u>	Signature, typed or printed name of registered agent and title if applicable. (NOTE Register	ed Agent agnature required	when reinstating) DATE	.=
) Fi	iling Fee is \$50.00			
D	ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		-
tme	MGRM	1		
NAME	HOLLAND, ROGER L	}		
STREET ADDRESS	412 BOWDOIN CIR	•	U0000002880 01/13/04-80032-015,50,00	
CITY-ST-ZIP	SARASOTA, FL 34236	_	01/13/04-80032-015 50,00	
TITLE	MEM	1		
NAME	CACCHIOTTI, RICHARD J	1		
STREET ADDRESS CITY-ST-ZIP	10604 FOREST RUN BRADENTON, FL 34202	•		
	BRADENTON, FE 34202	-{		
TITLE NAME		•		
STREET ADDRESS				
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CITY-ST-ZIP		1		
11. I hereby o	cartify that the information supplied with this filling does not qualify for the ext	emption stated in Se	ection (19.07(3)(i), Florida Statutes, I further certify that the information	
indicated limited lia	on this report is true and accurate and that my signature shall have the sam bility company or the receiver or trustee empowered to execute this report a	s required by Chapt	ter 608, Florida Statutes.	

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE