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## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000004912

1. Enlity Name PROVENCE 21, L.L.C.

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

 Thereby certify that the internation supplied us indicated on this report is fire and accurate an limited liability companyor the receiver or true.

Mailing Address

26811 SOUTH BAY DRIVE, SUITE 200 BONITA SPRINGS, FL 34134

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## FILED Apr 26, 2004 08:00 AM Secretary of State



04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1009518 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Davisos Phone #

6. Name and Address of Current Registered Agent

BROWNE, DAVID P 26811 SOUTH BAY DRIVE, SUITE 200 BONITA SPRINGS, FL 34134

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chai ions of registered agent.	nging its registered	office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered A			Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004			000200128611 04/26/04-80044-023 50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR HAZELBAKER, RALPH E 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TI	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the same were to execute this report as required by Chapter 608, Florida Statutes.