2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 03, 2004 08:00 AM
Secretary of State

ANNUAL REPORT			141ay 03, 2004 03.00
MENT # L000000056 NTURES, LC	514		Secretary of Stat
e of Business RESS AVE. 34104	Mailing Address 4227 PROGRESS AVE. NAPLES, FL 34104		Libridar die erin dern erin bene bene bene bene bene bene bind bener har beebe in 1985
		CE	04282004 No Chg-LLC CR2E083 (10/03) 4. FEI Number
6. Name and Address of Current F BERT B LERNO BAY RD. PRINGS, FL 34135	registered Agent		DO NOT WRITE IN THIS SPACE
ions of registered agent			
MANAGING MEMBER MGRM HILLS, ROBERT B 10941 SALERNO BAY RD. BONITA SPRINGS, FL 34135	RS/MANAGERS		DO NOT WRITE IN THIS SPACE
	MENT # L00000056 e NTURES, LC e of Business ESS AVE. 34104 O NOT WRITE 6. Name and Address of Current F BERT B ERNO BAY RD. PRINGS, FL 34135 named entity submits this statement for ions of registered agent Signalure hyped or printed name of registered agent are by May 1, 2004 MANAGING MEMBER MGRM HILLS, ROBERT B 10941 SALERNO BAY RD.	MENT # L00000005614 e of Business	MENT # L00000005614 e NTURES, LC e of Business Mailing Address ALESS AVE. 4227 PROGRESS AVE. 34104 NAPLES, FL 34104 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BERT B ERNO BAY RD. PRINGS, FL 34135 Inamed entity submits this statement for the purpose of changing its registered office or register one of registered agent Signalure hand or printed name of registered agent and like if applicable (NOTE, Registered Agent signature required ling Fee is \$50.00 are by May 1, 2004 MANAGING MEMBERS/MANAGERS MGRM HILLS, ROBERT B 10941 SALERNO BAY RD.

11. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

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

4 28 of

239-263-8081

Daytime Phone #