


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006351 1. Entity Name STYLES 2000, L.L.C.	
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Principal Place of Business
4650 S CLEVELAND AVE
UNIT 2B
FT MYERS, FL 33907

Mailing Address
4650 S CLEVELAND AVE
UNIT 2B
FT MYERS, FL 33907



DO NOT WRITE IN THIS SPACE

03142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1012721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
1625 HENDRY ST
SUITE 301
FT MYERS, FL 33901

**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, word or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000099058
03/29/04-80067-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	OWNER
NAME	RENDA, CATHERINE A
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY - ST - ZIP	FT MYERS, FL 33907

TITLE	OWNER
NAME	BREWER, JODI L
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY - ST - ZIP	FT MYERS, FL 33907

TITLE	OWNER
NAME	LYONS, LORI A
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY - ST - ZIP	FT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Jodi Brewer Jodi Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-25-04 239 274 9695
Date Daytime Phone #