


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # L00000006415</b>		
1. Entity Name <b>A.C.T. ENTERPRISES, LLC</b>		
Principal Place of Business <b>15047 ALTMAN ROAD MYAKKA CITY, FL 34251</b>	Mailing Address <b>P.O. BOX 277 MYAKKA CITY, FL 34251</b>	



02022004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1019324</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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

**BARNES, GARRET T ESQ  
3119 MANATEE AVE WEST  
BRADENTON, FL 34205**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000040491  
02/09/04-80049-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANSON, BARBARA P.O. BOX 277 MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CISLO, ALICE 15047 ALTMAN ROAD MYAKKA CITY, FL 34251
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Barbara Anson Barbara Anson 2/4/04 941-322-1661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #