## FILED Mar 11, 2004 08:00 AM Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT					
DOCUMENT # L0000 1. Entity Name FOUR MUSKETEERS INVES					
Principal Place of Business	Mailing Address				
5060 SYCAMORE DRIVE NAPLES, FL 34119	5060 SYCAMORE DRIVE NAPLES, FL 34119				

DO NOT WRITE IN THIS SPACE

\$ 3E#33E33 E13 EE3]] EE3		

02232004 No Chg-LLC

CR2E083 (10/03)

	4. FEI Number		Applied For
	65-1103967		Not Applicable
_	5. Certificate of Status Desired		\$5.00 Additional Fee Required

## Name and Address of Current Registered Agent

COLLINS, THOMAS A II 3080 TAMIAMI TRAIL EAST NAPLES, FL 34112

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and tate if applicable. (NO		(NOTE, Registered Agent signature required when reunstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004		U00000085607 03/11/04-80054-023 150.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARLANTE, RICHARD 5060 SYCAMORE DRIVE NAPLES, FL 34119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZEP				
11. I hereby certify that the Information supplied with this filing does not equally 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 each; 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.				