


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90022 025 ****50.00

DOCUMENT # L00000006752					
1. Entity Name CENTURY MINING COMPANY, LLC					
Principal Place of Business 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110			Mailing Address 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc. No suite no.			3. Mailing Address Suite, Apt. #, etc. No suite no.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3671216	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LESTER, DONALD E 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Don E. Lester Street Address (P.O. Box Number is Not Acceptable) 1061 Collier Center Way No suite no. City Naples FL Zip Code 34110		
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 <u>Don E. Lester</u> DATE <u>4-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM AND PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LESTER, DONALD E	NAME	Don E. Lester		
STREET ADDRESS	1061 COLLIER CENTER WAY SUITE 5	STREET ADDRESS	1061 Collier Center Way (no suite no.)		
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	Naples, FL 34110		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 606, Florida Statutes.					
SIGNATURE: <u>Don E. Lester</u> DATE <u>4-28-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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