


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000008029**

1. Entity Name  
**LINDA HINCHLIFFE AND ASSOCIATES, LLC**



Principal Place of Business 3720 S. OCEN BLVD 304 HIGHLAND BEACH, FL 33487	Mailing Address 3720 S. OCEN BLVD 304 HIGHLAND BEACH, FL 33487
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**DO NOT WRITE IN THIS SPACE**



01062004No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>34-1225379</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

HINCHLIFFE, LINDA A  
3720 SOUTH OCEAN BLVD  
304  
HIGHLAND BEACH, FL 33487

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINCHLIFFE, LINDA A 3720 SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINCHLIFFE, DANIEL A 3720 SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
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01/20/04-80077-013 50.00

**DO NOT WRITE  
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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 606, Florida Statutes.

**SIGNATURE:** *Linda A. Hinchliffe*      *01-06-04*      *561, 243-0255*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #