

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008874

1. Entity Name
NOLMARK, INC.



Principal Place of Business
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162

Mailing Address
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162



01272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3352519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES K
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOLAN, JAMES K 1427 SEGOVIA PLACE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NOLAN, COLLEEN K 1427 SEGOVIA PLACE THE VILLAGES, FL 32159
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02/02/04-80097-018 50.00

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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: JAMES K. NOLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/2004 (352) 259-7401
Date Daytime Phone #