

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000008900

1. Entity Name  
ESTORIL BOOKS ENTERPRISES, LLC



Principal Place of Business  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

Mailing Address  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3631888

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

KANJEE, MOHAN  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

**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**

1100000052851  
02/16/04-80105-018 100.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KANJEE, MOHAN  
444 SEABREEZE BLVD., SUITE 200  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Mohan B. Kanjee*

2/4/04

Date

386-255-2577

Daytime Phone #