2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

$50.00

DOCUMENT # L00000009619

1. Entity Name

DEWITT MANAGEMENT, LLC

FILED

04 MAY 27 AM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
14463 W. COLONIAL DRIVE WINTER GARDEN FL 34787	14463 W COLONIAL WINTER GARDEN FL 34787

MOORE   CR2E083 (11/03)

2. Principal Place of Business	**3.** Mailing Address	**4.** FEI Number 59-3664703	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
SEVERNS, ANN 14463 W COLONIAL DRIVE WINTER GARDEN FL 34787	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9.	MANAGING MEMBERS / MANAGERS		**10.**		ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DEWITT, DALE A		NAME		50003767543	
STREET ADDRESS	14463 W. COLONIAL DRIVE		STREET ADDRESS		06/04/04--01068--002 **177.50	
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SEVERNS, ANN		NAME			
STREET ADDRESS	14463 W. COLONIAL DRIVE		STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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)(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: _____   5/1/04

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