

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011239

Entity Name: BRUCE F. HEPP, LLC

FILED
Apr 11, 2004
Secretary of State

Current Principal Place of Business:

10500 WINE PALM RD
FORT MYERS, FL 33912

New Principal Place of Business:

11021 SEMINOLE PALM WAY
FORT MYERS, FL 33912

Current Mailing Address:

10500 WINE PALM RD
FORT MYERS, FL 33912

New Mailing Address:

11021 SEMINOLE PALM WAY
FORT MYERS, FL 33912

FEI Number: 52-2272062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPP, BRUCE F
10500 WINE PALM RD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

HEPP, BRUCE F
11021 SEMINOLE PALM WAY
FORT MYERS, FL 33912 US

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.

SIGNATURE:

04/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HEPP, BRUCE F
Address: 10500 WINE PALM ROAD
City-St-Zip: MIAMI, FL 33192

Title: MGRM () Delete
Name: HEPP, MARIE A
Address: 10500 WINE PALM ROAD
City-St-Zip: MIAMI, FL 33192

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEPP, BRUCE F
Address: 11021 SEMINOLE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM (X) Change () Addition
Name: HEPP, MARIE A
Address: 11021 SEMINOLE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRUCE F. HEPP

MGRM

04/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date