

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011509

Entity Name: STAGECOACH L.L.C.

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 572  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 572  
SANIBEL ISLAND, FL 33957

**New Mailing Address:**

FEI Number: 42-2112973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OWENS, DAVE  
2323 WOOSTER LANE, SUITE 2  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRP ( ) Delete  
Name: NETTE, TREVOR  
Address: 695 TARPON BAY RD. #5  
City-St-Zip: SANIBEL ISLAND, FL 33957

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NETTE, TREVOR  
Address: 695 TARPON BAY RD. #5  
City-St-Zip: SANIBEL ISLAND, FL 33957

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: TREVOR NETTE

MGRM

05/01/2004

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