

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011614

1. Entity Name

IME INVESTMENTS LLC



Principal Place of Business

3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

Mailing Address

3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1043611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

NASH, DAVID
3458 ANGLIN DRIVE, SUITE A
SARASOTA FL 34242

7. Name and Address of New Registered Agent

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 reconstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
NAME IME GROUP, INC.
STREET ADDRESS 3458 ANGLIN DRIVE, SUITE A
CITY - ST - ZIP SARASOTA FL 34242

TITLE NAME MGRM ☐ Delete
NAME TERN BAY ENTERPRISES, LLC
STREET ADDRESS 1439 SEA FAN DRIVE
CITY - ST - ZIP PUNTA GORDA FL 33950

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000074544
03/03/04-80023-013 50.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: DAVID NASH PRESIDENT IME GROUP LLC

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

Date

Daytime Phone #

3/1/04 941
5759993