2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

ANNUAL REPORT (AR) Mar 15, 2004 8:00 am DOCUMENT # L00000014869 **Secretary of State** 1. Entity Name 03-15-2004 90437 039 ****50.00 MARTIN ROVERS ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 24479 U.S. HWY 1 NORTH, LOT 204 CLEARWATER FL 33763 24479 U.S. HWY 1 NORTH, LOT 204 CLEARWATER FL 33763 2. Principal Place of Business 24479 45 AW4 19N 3. Mailing Address CR2E083 (11/03) CIEARWATER 4. FEI Number Applied For CLEARWATER 59-3693453 Not Applicable ^{Zip} 33763 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHOOLEY, JACK 24479 U.S. HWY 1 NORTH, LOT 204 **CLEARWATER FL 33763** 8. The above named entity submits this state nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations o SIGNATURE 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 MGR TITLE Delete ROVERS, MARTIN DE SUE 24479 US HAYCAN LIT 516 Clearwater FC 33763 NAME ROVERS, MARTIN NAME STREET ADDRESS 24479 US HIGHWAY 1 NORTH LOT 204 STREET ADDRESS CiTY-ST-ZiP **CLEARWATER FL 33763** CITY-ST-ZIP TITLE Delete TITLE LOVERS, MARTIN NAME ROVERS, MARTIN NAME 24479 45 HWY 19N, LOT 516 Glearwater FL. 3376 STREET ADDRESS 24479 US HIGHWAY 1 NORTH LOT 204 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 CITY-ST-ZIP TITLE. ☐ Detete TITLE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 CfTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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.

FILED