2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 01, 2004 8:00 am Secretary of State

DOCUMENT # L0100000647 1. Entity Name 16065 SO. TAMIAMI TRAIL LIMITED LIABILITY COMPANY			NY	Ü	06-01-2004 90750 017 ****50.00				
Principal Place	of Business	Mailing Address			1				
16065 S. TAMIAMI TRAIL		16065 S. TAMIAMI TRAIL			1.4	00000H			
FORT MYERS, FL 33908		FORT MYERS, FL 33908		14023067					
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192003	Chg-LLC	CR2E083 (10/03)			
City & State		City & State		4. FEI Numbe 65-1067			plied For t Applicable		
Zíp	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add	itional	
	_6. Name and Address of Current	Registered Agent	+		7. Name and	Address of New R	egistered Agent	<u> </u>	
FRANCIS, ROBERT L				Name					
16065 S. TAMIAMI TRAIL FORT MYERS, FL 33908			Ţ	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		City				FL Zip Cod	_		
	named entity submits this statement for ons of registered agent.	r the purpose of changing its	registere	d office or registe	ered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if englicable. (NOT	F: Received	Agent signature require	d when renstating)	,	DATE		
Filing Fee is \$50.00 Due by September 8, 2004						Mak	e check payable to s Department of State	ì	
9.	MANAGING MEMBE		10.			ADDITIONS/			
TITLE	MGR FRANCIS, ROBERT L								
NAME		☐ Delete	TITLE				CHANGES Change	☐ Addition	
STREET ADDRESS	p ·	☐ Delete	NAME					☐ Addition	
STREET ADDRESS CITY-ST-ZIP	15432 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912	☐ Defete	NAME STREE					☐ Addition	
	15432 BRIAR RIDGE CIRCLE	☐ Delete	NAME STREE	ET ADDRESS -ST-ZIP				☐ Addition	
CITY-ST-ZIP TITLE NAME	15432 BRIAR RIDGE CIRCLE FORT MYERS, FL 33912 MGRM. FRANCIS, SHARON L		NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP			☐ Change		
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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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE: SPECIOR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE DISECTOR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE