## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 16, 2004 8:00 am Secretary of State

ANNUAL KEPURI					Secretary or State					
<ol> <li>Entity Nam</li> </ol>	MENT # L01000000 ERPRISES, LLC	685				08-16-2004	90133 027	****5	0.00	
Principal Place 8620 MAGNO DESTIN, FL	DLIA BAY LANE	Mailing Address 8620 MAGNOLIA BAY LAN DESTIN, FL 32541	NE		4	1052073				
	lace of Business  SLAWD GRIFF EAST  #. etc.	3. Mailing Address  1491 TSLWD GR.  Suite, Apt. #, etc.	LEV EAS							
City & State	е	City & State  DESTIN FL			07262004 4. FEI Number 91-2085		CR2E083 (	Ар	plied For I	
Zip 3255	Country	<sup>Zip</sup> 32550	Country		5. Certificate o	f Status Desired	Fee	00 Add Required	itional I	
	-6. Name and Address of Current I	legistered Agent			. Name and	Address of New R	egistered Ager	<u>                                      </u>		
HALL, JAM 8620 MAG DESTIN, F		reet Address (P.O. Box Number is Not Acceptable)								
	City_	1491 ISLAND GREEN EAST  DESTIN FL Zip Code 32550								
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, pixed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00 Due by September 8, 2004							e check payal Department			
9.	MANAGING MEMBEI	RS/MANAGERS	10.		<u> </u>	ADDITIONS/	CHANGES	-		
. TITLE	MGR HALL, JAMES M	Delete	TITLE NAME	MGRI HALL,	JAMES	м.	_	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	8620 MAGNOLIA BAY LANE DESTIN, FL 32541		STREET ADDRESS CITY-ST-ZIP	DE-ST	IN FL	32550				
NAME	MGR HALL, JAMIE W	Delete	TITLE NAME	MGR HAU,	TAMIC	W. GREEN E		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	8620 MAGNOLIA BAY LANE DESTIN, FL 32541		STREET ADDRESS CITY-ST-ZIP	DEST		32550		_		
NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		· · ·			Change 	☐ Addition	
CITY-\$T-ZIP		- ~ Delete	CITY-ST-ZIP			<del> </del>		Change	Addition	
NAME Street Address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					Change	Addition	
CITY-ST-ZIP	8		CITY-ST-ZIP			<u> </u>				
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					Change <sub>,</sub>	☐ Addition	
CITY CT. 7ID	1		OUTY OF 70D	i						

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 eath, 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: Javas M. Hall

8/9/84

812-499-4466

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #