


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90115 019 \*\*\*\*50.00

DOCUMENT # L01000001626

1. Entity Name  
**AINSLEY-HOBBS LLC**



Principal Place of Business  
**143 MARK TWAIN LANE  
 ROTONDA WEST FL 33947**


Mailing Address  
**143 MARK TWAIN LANE  
 ROTONDA WEST FL 33947**

2. Principal Place of Business  
**PO Box 644**

3. Mailing Address  
**PO Box 644**

Suite, Apt. #, etc.  
 City & State  
**PLACIDA**

Zip  
**FL 33946**



MOORE CR2E083 (11/03)

4. FEI Number  
**52-2299300**

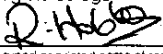
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOBBS, JEREMY  
 143 MARK TWAIN LANE  
 ROTONDA WEST FL 33947**

7. Name and Address of New Registered Agent  
 Name  
**HOBBS, RUTH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12184 SNOWBIKE AVE**  
**PORT CHARLOTTE**  
 City  
**FL** Zip Code  
**33981**

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  DATE **3/2/04**

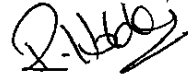
(NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	<b>P HOBBS, JEREMY 143 MARK TWAIN LANE ROTONDA WEST FL 33947</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOBBS, RUTH 143 MARK TWAIN LANE ROTONDA WEST FL 33947</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Box 644 PLACIDA FL 33946</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO Box 644 PLACIDA FL 33946</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MEMBER** DATE: **3/2/04** DAYTIME PHONE #: **941 698 0986**

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

*RUTH HOBBS*