


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90415 050 ****50.00

DOCUMENT # L01000001659			
1. Entity Name DYNO-PAK, L.L.C.			
Principal Place of Business 805 RIVER POINT DR 308C NAPLES, FL 34102		Mailing Address 805 RIVER POINT DR 308C NAPLES, FL 34102	
2. Principal Place of Business 4800 YATCH HARBOR DR Suite, Apt. #, etc. UNIT 821 City & State NAPLES, FL Zip 34112 Country USA		3. Mailing Address 4800 YATCH HARBOR DR Suite, Apt. #, etc. UNIT 821 City & State NAPLES, FL Zip 34112 Country USA	
4. FEI Number 65-1077915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVERS, KENNETH B 424 WEST MAIN ST. WAUCHULA, FL 33873		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM NAME NFJMWJ MARITA TRUST STREET ADDRESS 20 MARKET ST. CITY-ST-ZIP MANCHESTER, NH 03101	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Marilyn W. Jones</i>		MARILYN W. JONES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4/12/04 Daytime Phone #: 239-417-1929	

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