


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

24044351



2. Principal Place of Business
 4800 YATCH HARBOR DR
 Suite, Apt. #, etc.
 UNIT 821

3. Mailing Address
 4800 YATCH HARBOR DR
 Suite, Apt. #, etc.
 UNIT 821

City & State
 NAPLES, FL

City & State
 NAPLES, FL

Zip
 34114

Country
 USA

04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1077915

Applied For
 Not Applicable

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

8. 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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MEM	NFJMWJ MARITA TRUST	20 MARKET ST.	MANCHESTER, NH 03101	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Marilyn W. Jones* **MARILYN W. JONES** *President* **4/12/04** **239-417-1929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #