## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000002154  1. Entity Name						
JADOV M				04 FEB 17 AM 9: 55		
Principal Plac	e of Business	Mailing Address			LAND OF STATE	
2325 MAGNOLIA DR. PANAMA CITY FL 32408		2325 MAGNOLIA DR. PANAMA CITY FL 32408			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
4					L INDITATE DI ANITA MAN ANNI ANNI RESI EDITE DALLI DALLA 1984 1984 ANNI ANTONI I	11 <b>1111</b>
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)	
City & State		City & State				oplicable
Zip	Country Zip Co		Count	ry	5. Certificate of Status Desired 55.00 Addition Fee Required	nai
6. Name and Address of Current		t Registered Agent	<del></del>		7. Name and Address of New Registered Agent	
	o. Hame and Address of Curren	Triegistered Agent		Name	7. Italia and Address of New Tregistered Agent	-, -
MARTINELLI, DAVID E 2325 MAGNOLIA DR. PANAMA CITY FL 32408						
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$50.00						
Make Check Payable to Florida Department of State						
	•	Due	By Ma	ıy 1, 2004	Yes a second of the second of	
9.	MANAGING MEMBERS/MANAGERS 10		10.	Complete Comment and Comment of the Comment	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change	Addition
NAME	MARTINELLI, DAVID E	,	NAM			
STREET ADDRESS	2325 MAGNOLIA DR.			ET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY	ST-ZIP		
TITLE		☐ Delete	TITLE	ļ	☐ Change ☐	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE			TITLE		900028925203. 7	Addition
NAME			E' NAM		-02/17/0401028==016**102.5	U
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	į c		CITY	-ST-ZIP		
TITLE		☐ Delete	TITLE	:	☐ Change	Addition
NAME			NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			CHY	- ST-ZIP		
TITLE	☐ Delete		TITLE	J	· Change	Addition
NAME OTREET ADDRESS	·		NAM	E Et address		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	·	
TITLE		☐ Delete	TITLE		Change [	Addition
NAME			NAM		onange	
STREET ADDRESS	.ss ·		STAE	ET ADDRESS		
CITY-ST-ZIP	C		CITY	- ST- ZIP		
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.						