


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003178	
1. Entity Name DEANOWAYNE ENTERPRISES, L.C.	

Principal Place of Business 5928 S.E. ABSHIER BLVD BELLEVIEW, FL 34420 US	Mailing Address P.O. BOX 2318 BELLEVIEW, FL 34421-2318 US
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DO NOT WRITE IN THIS SPACE



07062004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3756423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WAYNE S
 9243 SE 72ND AVENUE
 OCALA, FL 34472

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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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, WAYNE S 9243 SE 72ND AVENUE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBROUGH, DEAN C 505 BUTTERNUT STREET DESHLER, OH 43516
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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)(f), 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: 

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