


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006564 1. Entity Name LYNEN, LLC					
Principal Place of Business 8430 17TH STREET N ST. PETERSBURG FL 33702			Mailing Address 8430 17TH STREET N ST. PETERSBURG FL 33702		
2. Principal Place of Business Suite, Apt # etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3725216	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LYNEN, ANNE 8430 17TH STREET N ST. PETERSBURG FL 33702				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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNEN, ANNE 8430 17TH STREET N ST. PETERSBURG FL 33702			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNEN, INGO 8430 17TH STREET N ST. PETERSBURG FL 33702			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNEN, ANNE 8430 17TH STREET N ST. PETERSBURG FL 33702			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNEN, INGO 8430 17TH STREET N ST. PETERSBURG FL 33702			<input type="checkbox"/> Delete	

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: Anne Lynen ANNE LYNEN 3/3/04 577.2961