

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90231 036 ****50.00

DOCUMENT # L01000010119

1. Entity Name

ROBERT & CHRISTINE CUNNINGHAM, LLC



Principal Place of Business

92330 OVERSEAS HIGHWAY
TAVERNIER FL 33070

Mailing Address

92330 OVERSEAS HIGHWAY
TAVERNIER FL 33070

2. Principal Place of Business

140 Porto Salvo Dr.

3. Mailing Address

P.O. Box 702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Tavernier, FL

Zip

33036

Country

Monroe

Zip

33070

Country

Monroe

4. FEI Number

65-1115922

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, ROBERT A
92330 OVERSEAS HIGHWAY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

Robert A. Cunningham

Street Address (P.O. Box Number is Not Acceptable)

128 Pacific Avenue

City

Tavernier

FL

Zip Code

33070

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

Robert A. Cunningham

DATE

02/06/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CUNNINGHAM, CHRISTINE M 92380 OLD HWY TAVERNIER FL 33070 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CUNNINGHAM, ROBERTA 92380 OLD HWY TAVERNIER FL 33070 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Cunningham, Christine, M 128 Pacific Avenue Tavernier, FL 33070 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Cunningham, Robert, A. 128 Pacific Avenue Tavernier, FL 33070 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert A. Cunningham

Date

Daytime Phone #

02/06/04