## 2004 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-7IP

## May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L01000012369 1. Entity Name A-WARE, LLC Principal Place of Business Mailing Address 900 6TH AVE S PO BOX 771029 STE 301 NAPLES, FL 34107-1029 NAPLES, FL 34102 04302004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3751289 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ERICKSON, PHILIP A DO NOT WRITE 900 6TH AVE. S. STE, 301 NAPLES, FL 34102 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9, MGR TITLE ERICKSON, PHILIP NAME STREET ADDRESS PO BOX 771029 CITY-ST-ZIP NAPLES, FL 341071029 U00000153959 05/04/04-80148-024 50.00 TITLE NAME STREET ADDRESS CITY-ST-7IP ТПЪЕ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3/777 NAME

**FILED** 

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

11. Thereby certify that the information supplied with this filling 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.

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