2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012960

1. Entity Name
PIKE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
7227 7TH PLACE NORTH WEST PALM BEACH, FL 33411	7227 7TH PLACE NORTH WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

07202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1151529
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPARLING, GEORGE
7227 7TH PL W
WEST PALM BEACH, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000000188653
07/28/04-80005-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SPARLING, GEORGE
STREET ADDRESS	15782 GLEN WILLOW LN
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	ST
NAME	HUDSON, DAVE
STREET ADDRESS	7140 PIONEER LAKES CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #