

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90314 049 \*\*\*\*50.00

**DOCUMENT # L01000013532**

1. Entity Name  
**LACROSSE FAMILY LLC**



Principal Place of Business  
**4308 AZEELE STREET  
TAMPA, FL 33609**

Mailing Address  
**4308 AZEELE STREET  
TAMPA, FL 33609**



01222004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3737862**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LA CROSSE, DOUGLAS W  
4308 AZEELE STREET  
TAMPA, FL 33609**

**DO NOT WRITE  
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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PESCE, KAREN L MRS.
STREET ADDRESS	4308 AZEELE STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	LACROSSE, DOUGLAS W MR.
STREET ADDRESS	3303 MORRISON AVE.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	LACROSSE, WILLIAM W MR.
STREET ADDRESS	115 COLRIDGE CT.
CITY-ST-ZIP	ALPHARETTA, GA 30201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

*2-27-04*