

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013765**

1/ Entity Name  
**SEVENTY-THREE THOUSAND, LLC**



Principal Place of Business  
**6281 METRO PLANTATION ROAD  
FORT MYERS, FL 33912**

Mailing Address  
**6281 METRO PLANTATION ROAD  
FORT MYERS, FL 33912**



04162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1140109**

Applied For  
Not Applicable

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

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

**WOLLMAN, EDWARD E  
5129 CASTELLO DRIVE  
SUITE 1  
NAPLES, FL 34103**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
FREUND, RICHARD  
6281 METRO PLANTATION RD  
FORT MYERS, FL 33912**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KIDDY, THOMAS P  
6429 WINKLER RD  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000121301  
04/20/04-80045-002 50.00

**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 #