2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014395

1. Entity Name
THE DRISCOLL COMPANY, L.L.C.

Principal Place of Business	Mailing Address
5633 STRAND BLVD SUITE 311 NAPLES, FL 34110	5633 STRAND BLVD SUITE 311 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

07292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3740194
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT DRISCOLL, STEPHANIE
3240 POTOMAC COURT
NAPLES, FL 34120

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

Filing Fee is $80.00
Due by September 8, 2004

U00000168841
08/02/04-80003-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DRISCOLL, JOHN J
STREET ADDRESS	3240 POTOMAC CT
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	MGRM
NAME	DRISCOLL, STEPHANIE W
STREET ADDRESS	3240 POTOMAC CT
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____ STEPHANIE DRISCOLL 7/28/04 239-304-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #