
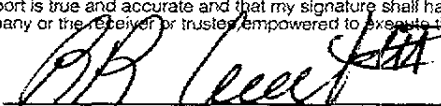


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L01000014460</b><br>1. Entity Name<br><b>GUEST INVESTMENTS, LLC</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>4205 62ND STREET EAST<br/>BRADENTON FL 34208</b>  |   |   | Mailing Address<br><b>4205 62ND STREET EAST<br/>BRADENTON FL 34208</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State  |   | City & State                                  |  |   |  |
| Zip   | Country   | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GUEST, RAYMOND R III<br/>4205 62ND STREET EAST<br/>BRADENTON FL 34208</b>   |   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |   |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>GUEST, RAYMOND R III<br>4205 62ND STREET EAST<br>BRADENTON FL 34208 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | UN0000068663<br>02/27/04-80050-012 50.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b>  <span style="float: right;">2/25/04 (941) 747-9676</span>   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |   |  |   |  |