

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000015449**

1. Entity Name  
**TRUEIRA ENTERPRISES, L.L.C.**



Principal Place of Business  
**140 MALLET BAYOU DRIVE  
FREEPORT, FL 32439**

Mailing Address  
**140 MALLET BAYOU DRIVE  
FREEPORT, FL 32439**



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: **01-0593737** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

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

**TRUEIRA, SCOTT K  
140 MALLET BAYOU DRIVE  
FREEPORT, FL 32439**

**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

U00000133300  
04/27/04-80073-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TRUEIRA, SCOTT K
STREET ADDRESS	140 MALLET BAYOU DRIVE
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGR
NAME	TRUEIRA, NANNETTE M
STREET ADDRESS	140 MALLET BAYOU DRIVE
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: *Scott K Trueira* Scott K. Trueira 23 Apr 04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #