2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000015449

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

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

DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 01-0593737	Applied For Not Applicab

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

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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 $60.00
Due by May 1, 2004

U00000133300
04/27/04-80079-019 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	
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STREET ADDRESS	
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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: _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 #