

**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

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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	

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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 #