

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015793

FILED
Jul 06, 2004
Secretary of State

Entity Name: FRANCESCA ASSOCIATES, LLC

Current Principal Place of Business:

SOUTH SEAS PLANTATION BEACH CONDO HOMES
HOME #17
CAPTIVA, FL 33924

New Principal Place of Business:

Current Mailing Address:

SWIPCO, STE. 305
1101 30TH STREET, N.W.
WASHINGTON, DC 20007

New Mailing Address:

836 MACKALL AVENUE
MCLEAN, VA 22101

FEI Number: 02-0670177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS F. RIZZO, ATTORNEY AT LAW
2340 PERIWINKLE WAY, STE. J-2
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRANCESCA ARLETTI DE, DOBJANSCHI
Address: SOUTH SEAS PLANTATION BCH CONDO HOMES #17
City-St-Zip: CAPTIVA, FL 33924

Title: MGRM () Delete
Name: ANTONIO ENRIQUE MARI, O SEGURA
Address: 1101 30TH STREET NW
City-St-Zip: WASHINGTON, DC 20007

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ANTONIO ENRIQUE MARI, O SEGURA
Address: 836 MACKALL AVENUE
City-St-Zip: MCLEAN, VA 22101

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTONIO SEGURA

MGRM

07/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date