

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 18, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L01000017080**

**1. Entity Name  
AMERICAUNITED COMMERCIAL & INVESTMENT LLC**



**Principal Place of Business  
4133 MARINER BLVD  
SPRINGHILL, FL 34609**

**Mailing Address  
4133 MARINER BLVD  
SPRINGHILL, FL 34609**



02112004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3750420**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

**HODGES, PAUL S  
50 S BELCHER RD #115  
CLEARWATER, FL 33765**

**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**

U00000055542  
02/18/04-80005-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HAYNES, NANCY C  
4133 MARINER BLVD  
SPRING HILL, FL 34609**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
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CITY-ST-ZIP**

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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)(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:**

*Nancy Haynes*

2-10-04

352-686-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #