## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # L01000019986  1. Entity Name TONYA, LLC						04 901 48		*50.00
Principal Place of Business Mailing Address						だみののま	00.	
12101 CRESCENT COVE CT. WINDERMERE, FL 34786		12101 CRESCENT COVE CY. WINDERMERE, FL 34786			e ege se travilla			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Number NOT APPLICABLE		No	plied For Applicable
Zip	Country	Ø7 Country Zip Cou		ntry	5. Certificate of Status Desired	□ _\$ Fi	5.00 Add ee Required	itional
4	6. Name and Address of Current				7. Name and Address of New F	Registered Ag	<u>jent</u>	
JACQUELINE BOZZUTO				Name				
215 NORT	H EQLA DRIVE D, FL 32801			Street Address (	P.O. Box Number is Not Acceptable	e)		
3.	,			City		FL	Zip Code	<del>-</del>
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Sylvacine, types or printed markers registered against	and the waspincable. (1901)	c. register	od Agent signature required	With terisland	PARE IN	KEN KE	(X2) Y = 10 E (CT)
Filing Fee is \$50.00 Due by May 1, 2004						te check pa a Departme		
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	P	☐ Delete	TITL			1	Change	☐ Addition
NAME STREET ADDRESS	RIVERS, JOHNNY SR s   12101 CRESCENT COVE CT		NAA STR	ÆET ADDRESS				{
CITY-ST-ZIP	WINDERMERE, FL 34786			Y-ST-ZIP				
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STREET ADDRESS	1			REET ADDRESS	•			
CITY-ST-ZIP				Y-ST-ZIP			X . M	
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: Sander Silliam 4129/04 (409)648-0099								
SIGNAT	UHE:	- mua			HINDION	<u> </u>	<u>, 1704 (</u>	70014

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE