


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020214</b> 1. Entity Name INHALE, LLC	
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Principal Place of Business 544 FIRST AV. SOUTH NAPLES, FL 34102	Mailing Address 544 FIRST AV. SOUTH NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0674888	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DOUGHERTY, MICHAEL 544 FIRST AV. SOUTH NAPLES, FL 34102
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U000000T65874  
07/12/04-80031-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOUGHERTY, MICHAEL 544 FIRST AV. SOUTH NAPLES, FL 34102
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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)(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 603, Florida Statutes.

**SIGNATURE:**  **7/5/04 239 564 6657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_