

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020366

FILED  
Jan 31, 2004  
Secretary of State

Entity Name: FOXBROOK PARTNERS LLC

## Current Principal Place of Business:

17607 WHITE FOX DR.  
PARRISH, FL 34219

## New Principal Place of Business:

17503 HOWLING WOLF RUN  
PARRISH, FL 34219

## Current Mailing Address:

P.O. BOX 223  
PARRISH, FL 34219

## New Mailing Address:

FEI Number: 65-1159766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, LESLIE  
17503 HOWLING WOLF RUN  
PARRISH, FL 34219

## 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: MGR ( ) Delete  
Name: WELLS, LESLIE  
Address: 18204 COYOTE CREEK CT  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: CHRISTIE, KATHERINE  
Address: 6604 RIVERVIEW BLVD  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Delete  
Name: GIGLIOTTI, JOSEPH  
Address: 10504 US 41  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: MERUCCI, LOUIS  
Address: 10504 US 41  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition  
Name: GIGLIOTTI, JOSEPH  
Address: 10504 US 41  
City-St-Zip: PALMETTO, FL 34221

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

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: LESLIE B WELLS

MGR

01/31/2004

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