



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021696</b> 1. Entity Name SNELL/ROSENFELD, LLC	
--	---

Principal Place of Business 3655 BONITA BEACH RD., UNIT 3 BONITA SPRINGS, FL 34134	Mailing Address 3655 BONITA BEACH RD., UNIT 3 BONITA SPRINGS, FL 34134
--	--

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 60-0000617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SNELL, JERRY B  
3655 BONITA BEACH RD., UNIT 3  
BONITA SPRINGS, FL 34134

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNELL, JERRY B 600 92ND AVE NO NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENFELD, J.A. 26001 HAMMOCK ISLE COURT, #101 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000141692  
04/30/04-80021-010 50.00

**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:**  **24/24/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #