


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021891**

1. Entity Name  
 SHENANDOAH PROPERTIES, LLC



Principal Place of Business 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908	Mailing Address 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 69-0005737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NAUMANN, MARK C  
 17499 MCGREGOR BOULEVARD  
 FORT MYERS, FL 33908

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

000000113609  
 04/15/04-80016-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAUMANN, MARK C 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLTON, RICHARD 17499 MCGREGOR BOULEVARD FORT MYERS, FL 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 60B, Florida Statutes.

**SIGNATURE:**  **4-12-04** **239-454-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #