


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022402	
1. Entity Name MEL FISHER-SANIBEL, LLC	

Principal Place of Business MEL FISHER TREASURE 2353 PERWINKLE WAY SANIBEL, FL 33957	Mailing Address 200 GREENE ST. 4TH FLOOR KEY WEST, FL 33040
--	--

DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 60-0000677	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEWIS & WHITE LC
222 GEORGIA W ST
TALLAHASSEE, FL 32301

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 reappointing) **DATE** _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, LEE 200 GREENE STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, KIM 200 GREENE STREET KEY WEST, FL 33040
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	

DO NOT WRITE
IN THIS SPACE

000000062683
02/23/04-80125-012 50.00

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: Kim Fisher 2/13/04 3052966533

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