

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000022729**

1. Entity Name  
1555 BOREN, LLC



Principal Place of Business

<UNUSED>  
OCOE, FL 34761

Mailing Address

1555 BOREN DR.  
OCOE, FL 34761



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3534713

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WUBKER, WARREN W  
1555 BOREN DR.  
OCOE, FL 34761

**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**

000000096031  
03/25/04-80012-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WUBKER, WARREN W
STREET ADDRESS	6625 CRENSHAW DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	MGRM
NAME	HALL, CHARLES B
STREET ADDRESS	1407 KELSO BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	JONES, RICHARD E
STREET ADDRESS	13212 LAKE BUTLER BOULEVARD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/5/04

Date

407-614-0050

Daytime Phone #