


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L02000000161</b> 1. Entity Name N2BAGS, L.L.C.	
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Principal Place of Business 10665 92ND STREET NORTH LARGO, FL 33777	Mailing Address 10665 92ND STREET NORTH LARGO, FL 33777
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<b>DO NOT WRITE IN THIS SPACE</b>
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02222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3703006	Applied For Not Applicable
5. Certificate Status Desired <input checked="" type="checkbox"/> NO	<input type="checkbox"/> \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  FLETCHER, JAMES 10665 92ND STREET NORTH LARGO, FL 33777
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYONS, TINA 10665 92ND STREET NORTH LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLETCHER, JAMES 10665 92ND STREET NORTH LARGO, FL 33777
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<p>U000000087891 03/15/04-80031-001 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 608, Florida Statutes.

**SIGNATURE:** James Fletcher **JAMES FLETCHER** 3/8/04 727-392-0675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #