


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90285 036 ****50.00

DOCUMENT # L02000000876			
1. Entity Name TRUSTEE EDUCATIONAL CONFERENCES AND SEMINARS, LLC			
Principal Place of Business % RENEE A. DRISCOLL 2219 SE 19TH PLACE CAPE CORAL FL 33990 <i>(New address)</i>		Mailing Address % RENEE A. DRISCOLL 2219 SE 19TH PLACE CAPE CORAL FL 33990	
2. Principal Place of Business <i>818 SW 31st St.</i>		3. Mailing Address <i>818 SW 31st St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cape Coral FL</i>		City & State <i>Cape Coral FL</i>	
Zip <i>33914</i>		Country <i>U.S.</i>	
Zip <i>33914</i>		Country	
4. FEI Number 01-0667514		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 DRISCOLL, RENEE A 2219 SE 19TH PLACE CAPE CORAL FL 33990		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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)	
FILE NOW!!! FEE IS \$50.00		Make Check Payable to Florida Department of State	
Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRISCOLL, CAROL J 64 CANNONGATE ROAD TYNGSBORO MA 01879 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRISCOLL, RENEE A 2219 SE 19TH PLACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Renee Driscoll</i>		Date: <i>3-22-04</i> Daytime Phone #: <i>259574981</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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MOORE CR2E083 (11/03)