


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>	24042765  MOORE CR2E083 (11/03)																							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 01-0667514 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable																					
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City & State <i>Cape Coral FL</i>	City & State <i>Cape Coral FL</i>	5. Certificate of Status Desired : <input type="checkbox"/> \$5.00 Additional Fee Required																							
Zip <i>33914</i> Country <i>US</i>	Zip <i>33914</i> Country	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____																							
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																							
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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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>3-22-04 259574981</i> <small>Date Daytime Phone #</small>																							