2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000000923

1. Entity Name
JOHN W. MITCHELL ENTERPRISES OF VERO BEACH, LLC

Principal Place of Business	Mailing Address
220 SANDPIPER POINT VERO BEACH, FL 32963	220 SANDPIPER POINT VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

FILED
Jul 12, 2004 08:00 AM
Secretary of State

07012004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-1143121	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

MITCHELL, JOHN W
220 SANDPIPER POINT
VERO BEACH, FL 32963

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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 _____
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 September 8, 2004

U000001E5873
07/12/04-80031-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	MITCHELL, JOHN W
STREET ADDRESS	220 SANDPIPER PT.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VS
NAME	MITCHELL, MARY O
STREET ADDRESS	220 SANDPIPER PT.
CITY-ST-ZIP	VERO BEACH, FL 32963
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	

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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: _John W. Mitchell_ JOHN W. MITCHELL   7/8/04   1-800 327-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #