2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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1. Entity Name

PRINGLE MANAGEMENT ENTERPRISES, LLC



Principal Place of Business

Mailing Address

5260 S. LANDINGS DRIVE #1301 FT. MYERS, FL 33919 5260 S. LANDINGS DRIVE #1301 FT. MYERS, FL 33919



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02052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number		1	Applied For
01-059 <u>65</u> 60	_		Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

6. Name and Address of Current Registered Agent

CLASP INC. 3001 TAMIAMI TRAIL NORTH 4TH FLOOR NAPLES, FL 34103

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, your or printed name of registered agen) and title if applicable	(NOTE Registered Agent signature required when reinstalling)	DATE
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Fi Di	ling Fee is \$50.00 ue by May 1, 2004		U00000048664 02/12/04-80089-017 50:00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EHRHARD, KATHRYN P 5260 S. LANDINGS DRIVE #1301 FT. MYERS, FL 33919	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver of the company of the receiver of the company or the receiver of the company of the receiver of the company or the receiver of the company of the receiver of the company of t	qualify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat oute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.

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