

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002183

FILED
Jan 15, 2004
Secretary of State

Entity Name: NEGG, L.L.C.

Current Principal Place of Business:

3542 PLOVER AVE
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

3613 RECREATION LANE
NAPLES, FL 34116

New Mailing Address:

FEI Number: 01-0610982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBROCHTA, NANCY
3613 RECREATION LANE
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: OBROCHTA SR, JAMES
Address: 3613 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: MGR () Delete
Name: OBROCHTA JR, JAMES
Address: 19316 PINE RUN LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: OBROCHTA, NANCY
Address: 3613 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OBROCHTA, JAMES R SR
Address: 3613 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: MGR (X) Change () Addition
Name: OBROCHTA, JAMES R JR
Address: 19316 PINE RUN LANE
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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: NANCY OBROCHTA

MGR

01/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date