

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003239

Entity Name: MT. ALGONQUIN, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

167 TAMARACK LN
BOXBOROUGH, MA 017192126

New Principal Place of Business:

4 MAPLE STREET
APT 2R
MAYNARD, MA 01754

Current Mailing Address:

167 TAMARACK LN
BOXBOROUGH, MA 017192126

New Mailing Address:

4 MAPLE STREET
APT 2R
MAYNARD, MA 01754

FEI Number: 03-0385065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, RAYMOND J
707 SE 3RD AVE STE 400
FORT LAUDERDALE, FL 33316

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: MGRM () Delete
Name: LEWIS, DAVID K
Address: 167 TAMARACK LN
City-St-Zip: BOXBOROUGH, MA 017192126

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, LAURA C
Address: 4 MAPLE STREET, APT 2R
City-St-Zip: MAYNARD, MA 01754

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA C LEWIS

MRS.

04/30/2004

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