

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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02-17-2004 90193 031 *****50.00
L02000003305

FILED

2004 FEB 20 AM 11:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003305

1. Entity Name

~~MLN ELC~~

MLN LLC



Principal Place of Business

4442 ARNOLD AVENUE
NAPLES, FL 34104

Mailing Address

4442 ARNOLD AVENUE
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

01202004No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3727154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, MEL
4442 ARNOLD AVENUE
NAPLES, FL 34104

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NELSON, MEL
STREET ADDRESS 4442 ARNOLD AVENUE
CITY-ST-ZIP NAPLES, FL 34104

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

2/10/04

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