
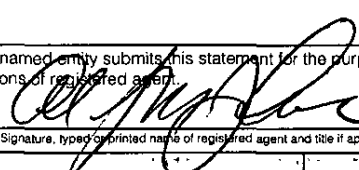
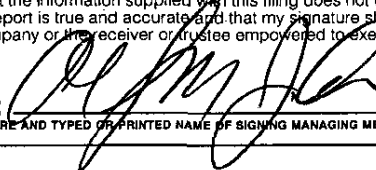


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90210 037 ****50.00

DOCUMENT # L02000006185			
1. Entity Name ALMARJO INVESTMENTS, L.C.			
Principal Place of Business C/O JACK O. HACKETT II, ESQ. POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		Mailing Address C/O JACK O. HACKETT II, ESQ. POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447	
2. Principal Place of Business % Alfred M. Johns 1 Woodland Dr Suite, Apt. #, etc.		3. Mailing Address Alfred M. Johns 1 Woodland Dr. Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33982	Country USA	Zip 33982	Country USA
4. FEI Number 04-3654132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, SIFRIT, HACKETT AND C 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Alfred M. Johns Street Address (P.O. Box Number is Not Acceptable) 1 Woodland Dr City Punta Gorda FL Zip Code 33982	
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. Alfred M. Johns SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/27/04			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, ALFRED 1 WOODLAND DR PRAIRIE CREEK ESTATES PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNS, MARY ANN 1 WOODLAND DR PRAIRIE CREEK ESTATES PUNTA GORDA, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Alfred M. Johns		Date 1/27/04 Daytime Phone # 941-639-2342	

24005164



01252004 Chg-LLC CR2E083 (10/03)