2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Nam	ne	# L0200000 TMENTS, L.C.	6185				02-02-2004 9	90210	037 ****	50.00	
Principal Place of Business C/OJACK ULHACKETTIFESQ. POST OFFICE BRAWER 511447 PUNTA 60RBA; FE -33951-1447			POST-OFFICE DRAWE	Mailing Address C/O JACK O HACKETT II, ESQ. POST OFFICE DRAWER 511447 PUNTA GORDA, FL -33951-1447							
2. Principal Place of Business 2. Alfred M. Johns J. Woodland Dr. Suite, Apt. #, etc.			3. Mailing Address Alfred M. Jo Woodland Suite, Apt. #, etc.	Alfred M. Johns		_	Chg-LLC		83 (10/03)		
City & State Punta Gorda, FL			City & State Punta Gorda.	City & State Punta Gorda, FL		4. FEI Number 04-36541				plied For t Applicable	1
Zip 33982	Zip Country		Zip 33982	Country USA		5. Certificate of S	Status Desired		\$5.00 Add Fee Require	litional d	
6. Name and Address of Current					Name Alf		dress of New Rec	gistered /	Agent		1
HACKETT, JACK O II, ESQ					ATII	ed M. John			* NE		· ~
FARR, FARR, EMERICH, SIFRIT, HACKETT AND C 99 NESBIT STREET						(P.O. Box Number is odland Dr	Not Acceptable)			-	
PUNTA GO	ORDA, FL	33950				· 					
	···		\sim		•	a Gorda		FL		32	
8. The above the obligat	named emin	y submits his statement red agent.	or the purpose of changing in Alfred	ts register M T/	red office or registe	ered agent, or both, i	n the State of Florid	da. Iam	amiliar with,	and accept]
SIGNATURE .	Cll.	MAR	de Allieu	H. 50	JIII 5		1/2	7/	04		Ì
• .	Signature, typed	opprinted name of registered age	ent and title if applicable. (NC	TE: Registere	ed Agent signature require	ed when reinstating)		DATE		-	ł
Fi	iling Fee i ue by May	s \$50.00 y 1, 2004			•				ayable to ent of State	•	
9.		MANAGING MEMI	BERS/MANAGERS	10.		-,	ADDITIONS/C	HANGES			
TITLE - NAME	MGR JOHNS, A	ALFRED	- Delete	TITL		•	- · · •	-	☐ Change	☐ Addition	
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SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE