2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # L02000007142						04-21-2004 90451 042 ****55.00	
Principal Plac	e of Busines	ss	Mailing Address				
318 TAMIAMI TRAIL			2704 HIBISCUS COURT Punta Gorda, FL 33950			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14 Punta Gori	DA, FL 339	50	FUNIA GUNDA, FE 33930			I ABBADA BU BANK MAN BANK BANK BANK BANK BANK BANK BANK BA	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04012004 Chg-LLC CR2E083 (10/03)	
City & State			City & State			4. FEI Number APPLIED FOR 03-0423572. Applied For Not Applicable	
Zip	Zip Country		Zip Co		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name	and Address of Current F	egistered Agent		Name	7. Name and Address of New Registered Agent	
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318 TAMIAMI TRAIL 14 PUNTA GORDA, FL 33950					Street Address (P.O. Box Number is Not Acceptable)		
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					City FL Zip Code		
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							
Fi De				Make check payable to Fiorida Department of State			
9.	MGR	MANAGING MEMBER		10.		ADDITIONS/CHANGES	
TITLE NAME	20000		TITLI NAM		☐ Change ☐ Addition		
STREET ADDRESS	318 TAMIAMI TRAIL 14				EET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		☐ Delete	CITY-		☐ Change ☐ Addition	
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STREET ADDRESS	;				EET ADORESS -ST-ZIP		
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CITY-ST-ZIP					-ST-ZIP		
TITLE			☐ Delete	TITLE	1	Change Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS			
CITY-ST-ZIP	i I				-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not quality 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 cath; that I am a managing member or manager of the limited liability company or the receiver or further empowered to receive this report as required by Chapter 608, Florida Statutes.							
matod ild				, ,	,		
SIGNATURE: WE MAN VOING WENT 4/14/69 941.505-1748 SIGNATURE: SIGNIFICATE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE TALE DAYS THORSE OF THE PROPERTY OF THE P							