

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012875

FILED  
Apr 07, 2004  
Secretary of State

**Entity Name:** ACKERMAN ENTERPRISES, LLC

**Current Principal Place of Business:**

1722 CURLEW ROAD  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

4623 GULFWINDS DRIVE  
LUTZ, FL 33558 US

**New Mailing Address:**

**FEI Number:** 04-3670868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, AUDRA R  
4623 GULFWINDS DRIVE  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

ACKERMAN, AUDRA R  
4623 GULFWINDS DRIVE  
LUTZ, FL 33558 US

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: AUDRA R. ACKERMAN

04/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: COHEN, AUDRA R  
Address: 4623 GULFWINDS DRIVE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM ( ) Delete  
Name: ACKERMAN, BARRY J  
Address: 4623 GULFWINDS DRIVE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM ( ) Delete  
Name: ACKERMAN, IRA D  
Address: 3202 WEST GROVE STREET  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACKERMAN, AUDRA R  
Address: 4623 GULFWINDS DRIVE  
City-St-Zip: LUTZ, FL 33558 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AUDRA R. ACKERMAN

MGRM

04/07/2004

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