

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013603

1. Entity Name
JOYCE, L.L.C.



Principal Place of Business
**28671 WINTHROP CIRCLE
BONITA SPRINGS, FL 34134**

Mailing Address
**PO BOX 2129
BONITA SPRINGS, FL 34133**



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0625288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	STABENAU, JOHN
STREET ADDRESS	28671 WINTHROP CIRCLE
CITY - ST - ZIP	BONITA SPRINGS, FL 34134

TITLE	MGRM
NAME	SCHMIDT, RAYMOND
STREET ADDRESS	28671 WINTHROP CIRCLE
CITY - ST - ZIP	BONITA SPRINGS, FL 34134

TITLE	
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01/20/04-80089-014 50.00

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IN THIS SPACE**

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

John Stabenau

1-15-04

Date

239-992-2519

Daytime Phone #