


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90003 036 ****50.00

DOCUMENT # L02000013782					
1. Entity Name ANGELS ENTERPRISES, L.L.C.					
Principal Place of Business 14525 TAMiami TRAIL UNIT #8 NORTH PORT, FL 34287			Mailing Address 14525 TAMiami TRAIL UNIT #8 NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address 10203 WINDSONG RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PUNTA GORDA FL			
Zip	Country	Zip	Country	33955 USA	
6. Name and Address of Current Registered Agent WHITFIELD, JANE R 10203 WINDSONG RD. PUNTA GORDA, FL 33955				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 <u>Jane R Whitfield</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/26/04</u>					
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 RUSSELL, BONNIE 14525 TAMiami TRAIL UNIT #8 NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANE R. Whitfield 10203 WINDSONG RD PUNTA GORDA FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBERT WHITFIELD 10203 WINDSONG RD PUNTA GORDA FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>Jane R Whitfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1/26/04</u> (941) 423-5544 <small>Deputy Phone #</small>		