


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90060 037 \*\*\*\*\*50.00

<b>DOCUMENT # L02000014585</b>	
1. Entity Name <b>STEINER INVESTMENTS, LLC</b>	

Principal Place of Business <b>#7 TOWN CENTER LOOP UNIT C14 SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>#7 TOWN CENTER LOOP UNIT C14 SANTA ROSA BEACH, FL 32459</b>
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2. Principal Place of Business <b>3665 MOSSY CREEK LANE</b>	3. Mailing Address <b>3665 MOSSY CREEK LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TALLAHASSEE, FL</b>	City & State <b>TALLAHASSEE, FL</b>
Zip <b>32311</b>	Country
Zip <b>32311</b>	Country

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>30-0160797</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>WATSON, FRANKLIN H PA 5365 E COUNTY HIGHWAY 30A STE. 105 SANTA ROSA BEACH, FL 32459</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

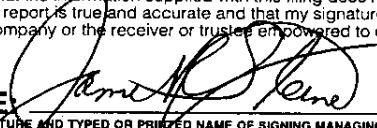
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCEO STEINER, JAMES R JR 3665 MOSSY CREEK LANE TALLAHASSEE, FL 32311</b> <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
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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.

<b>SIGNATURE</b> 	<b>4/29/04</b>	<b>850-383-8058</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #