2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 29, 2004 8:00 am **DOCUMENT # L02000015847 Secretary of State** 1. Entity Name 03-29-2004 90560 048 ****50.00 LAKE MANATEE WHOLESALE, LLC Principal Place of Business Mailing Address 24510 STATE ROAD 64 EAST 24510 STATE ROAD 64 EAST MYAKKA FL 34251 MYAKKA FL 34251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State 4. FEI Number Applied For 03-0459094 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INDERWIESEN, CHARLES E JR Street Address (P.O. Box Number is Not Acceptable) 24510 STATE ROAD 64 EAST MYAKKA FL 34251 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Delete Change Addition INDERWIESEN, CHARLES E JR NAME STREET ADDRESS 24510 SR 64 E STREET ADDRESS CITY-ST-7IP MYAKKA CITY FL 34251 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

FILED