


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015440	
1. Entity Name DON CARDINAL HOLDING COMPANY, L.L.C.	

Principal Place of Business 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034	Mailing Address 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent TOMASSETTI, A. JEFFREY ESQ. 406 ASH ST. FERNANDINA BEACH FL 32034	
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANN, DONALD L 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000038310 02/06/04-80135-003 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **2-1-04** **800 567-1676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING-MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #