

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017480

1. Entity Name
SAN EGRET, L.L.C.



Principal Place of Business
3501 NE 10TH ST.
OCALA, FL 34470

Mailing Address
3501 NE 10TH ST.
OCALA, FL 34470



02082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1547936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, W.R.
765 S.W. 80TH STREET
OCALA, FL 34476

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHACON, PETER 2711 S.W. 34TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W. R. KIRKPATRICK TRUS, UTD 06/09/94 765 S.E. 80TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLETCHER, PAUL E SR. 16 ALMOND WAY OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLETCHER, PAUL E JR. 16 ALMOND WAY OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000051089
02/16/04-80037-015 50.00

**DO NOT WRITE
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)(f), 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

Date

Daytime Phone #