

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017739

1. Entity Name
ALICO VENTURES LLC



Principal Place of Business
**17300 STEPPING STONE DR.
FORT MYERS, FL 33912 US**

Mailing Address
**17300 STEPPING STONE DR.
FORT MYERS, FL 33912 US**

DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0737846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILFIKER, STEPHEN F
17300 STEPPING STONE DRIVE
FORT MYERS, FL 33912**

**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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HILFIKER, STEPHEN F
STREET ADDRESS	17300 STEPPING STONE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGR
NAME	STEPHEN, MICHAEL
STREET ADDRESS	3106 S. HORSESHOE DRIVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/04-80070-014 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:

Stephen J. Hilfi

1/19/04

(239) 415-6406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #