


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019526 1. Entity Name MYSTYK LIMITED LIABILITY COMPANY	
---	---

Principal Place of Business 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	Mailing Address 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269
---	---



02142004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3648780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, ROBERT C 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269	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 reappointing) **DATE** _____

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

000000063728
02/23/04-80174-004 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, ROBERT C 12211 S.W. KINGSWAY CIRCLE LAKE SUZY, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARLE, RONALD J 4950 CEDAR HAMMOCK COURT FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBLES, GERALD 9481 S.W. HULL AVENUE FORT OGDEN, FL 34267
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  **ROBERT C. THOMAS, MGRM** 2/20/04 (941) 694-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #