


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020011
 1. Entity Name
 SKI-MORE ENTERPRISES, LLC



Principal Place of Business
 856 EAST CAPE CORAL PARKWAY
 CAPE CORAL, FL 33914

Mailing Address
 856 EAST CAPE CORAL PARKWAY
 CAPE CORAL, FL 33914



01122004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 68-0517858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

FITCH, WAYNE A
 2033 SE 21 LANE
 CAPE CORAL, FL 33990

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAYNE A. FITCH TRUST DATED OCT. 23, 2001 856 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LON C. ELLIOTT, II, AS TRUSTEE OF DEC OF TR 856 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD L. VAHUE FAMILY TRUST 856 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEUFEL, THOMAS 856 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/16/04-80072-007 55.00

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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: *Wayne A Fitch* Date: *4/14/04* 239 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE