
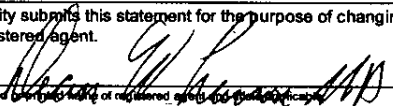


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90146 027 ****50.00

DOCUMENT # L02000020525																															
1. Entity Name DEAN W. LARSON, LLC																															
Principal Place of Business 15750 NEW HAMPSHIRE COURT FORT MYERS, FL 33908			Mailing Address 15750 NEW HAMPSHIRE COURT FORT MYERS, FL 33908																												
2. Principal Place of Business 15620 New Hampshire Court Suite, Apt. #, etc.		3. Mailing Address 15620 New Hampshire Court Suite, Apt. #, etc.		(L02000020525C)																											
City & State Fort Myers, Florida		City & State Fort Myers, Florida		4. FEI Number NOT APPLICABLE																											
Zip 33908 Country USA		Zip 33908 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent LARSON, DEAN W 15750 NEW HAMPSHIRE COURT FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Larson, Dean W Street Address (P.O. Box Number is Not Acceptable) 15620 New Hampshire Court City Fort Myers FL Zip Code 33908																												
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  August 2, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>																															
Filing Fee is \$50.00 Due by September 8, 2004																															
Make check payable to Florida Department of State																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 33%; padding: 2px;"> TITLE MGRM NAME LARSON, DEAN W STREET ADDRESS 15750 NEW HAMPSHIRE COURT CITY-ST-ZIP FORT MYERS, FL 33908 </td> <td style="width: 33%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 2px;"> TITLE MGRM NAME Larson, Dean W STREET ADDRESS 15620 New Hampshire Court CITY-ST-ZIP Fort Myers, FL 33908 </td> <td style="width: 33%; padding: 2px; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE MGRM NAME LARSON, DEAN W STREET ADDRESS 15750 NEW HAMPSHIRE COURT CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE MGRM NAME Larson, Dean W STREET ADDRESS 15620 New Hampshire Court CITY-ST-ZIP Fort Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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: Robert D. Martilla, RN, LHRM, 8-2-04 (239) 481-9995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																															
Administrator																															