

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90197 023 ****50.00

DOCUMENT # L02000020559

1. Entity Name
DE-IOTT INVESTMENT GROUP LLC



Principal Place of Business
**8695 COLLEGE PARKWAY
SUITE 214
FORT MYERS, FL 33919**

Mailing Address
**8695 COLLEGE PARKWAY
SUITE 214
FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0467369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWETT, HOWARD A
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901.**

**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
ELLIOTT, JONAS N SR.
8695 COLLEGE PARKWAY, SUITE 214
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DESANTO, HEATHER L
8695 COLLEGE PARKWAY, SUITE 214
FORT MYERS, FL 33913** *REMOVE*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

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

2/17/04

Date

239-229-3477

Daytime Phone #