

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000022608

1. Entity Name
FIDELITAS INVESTMENTS LLC



Principal Place of Business
12189 KNEELAND TERRACE
PORT CHARLOTTE, FL 33981

Mailing Address
12189 KNEELAND TERRACE
PORT CHARLOTTE, FL 33981



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4212765

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOFFMANN, REINHOLD
12189 KNEELAND TERRACE
PORT CHARLOTTE, FL 33981

**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 REINHOLD HOFFMANN 2-5-04

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**

000000042022
02/10/04-80006-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HOFFMANN, REINHOLD
STREET ADDRESS 12189 KNEELAND TERRACE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE MGRM
NAME HOFFMAN, ADRIAN
STREET ADDRESS 5088 B LAKESIDE DR.
CITY-ST-ZIP LANGLEY, WA 98260

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)(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: REINHOLD HOFFMANN 2-5-04 941 456

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

Date

Daytime Phone #