2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # L02000024116 1. Entity Name AMRHEIN PROPERTIES, L.C.							03-15-2004	-		
ce of Business	,	Mailing Address						/ U 11 /.	6.01.0	
1436 SURFBIRD COURT PUNTA GORDA, FL 33950		% Jack O. Hackett II, ESQ/FARR, FARR 99 Nesbit Street Punta Gorda, FL 33950		;	<u> </u>	I es ila mai i e rii o rii o rii			100/ III (50)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232004	Chg-LLC	CR2E08	3 (10/03)		
te		City & State								oplied For ot Applicable
	Country	Zip	Count	try		5. Certificate	of Status Desired			
∠6. Name	and Address of Current R	legistered Agent		: Name		7. Name and	Address of New R	egistered A	gent	
HACKETT, JACK O II ESQ				Name						
RR, EMER T STREET	RICH ET AL.			Street Address (P.O. Box Number is Not Acceptable)						
ORDA, FL	33950									
				City				FL	Zip Code	-
tions of registe	r submits this statement for a pred agent.	the purpose of changing its i	registere	ed office or	registere	ed agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	d Agent signatu	re required	when reinstating)		DATE		
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MGRM	MANAGING MEMBER	S/MANAGERS	TITLE		MGRM		Florida ADDITIONS/	Departme		Addition
MGRM AMRHEIN	MANAGING MEMBER , ROBERT D	· · · · · · · · · · · · · · · · · · ·	TITLE		AMRH	EIN, RO	ADDITIONS/	Departme	nt of State	
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11. I hereby certify that the information supplied with this time 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

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

Daytime Phone #