

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/18

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-18-2004 90099 050 ****50.00

DOCUMENT # L02000024707

1. Entity Name
FLORIDA BRANDYWINE VALLEY INVESTMENTS, LLC

Principal Place of Business
**5609 DESOTO COURT
CAPE CORAL FL 33904**

Mailing Address
**5609 DESOTO COURT
CAPE CORAL FL 33904**

34001200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
14-1856795

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITTIG, CARL G
5609 DESOTO COURT
CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!!
Make Check Payable to Florida Department of State
Due By May 1, 2004

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WITTIG, CARL G
5609 DESOTO CT
CAPE CORAL FL 33904**

☐ Delete

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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)(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:

Carl G. Wittig

3/14/04

239-541-9392

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

Date

Daytime Phone