

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026046

1. Entity Name
MARKET WISE LLC



Principal Place of Business
**P.O. BOX 560245
ORLANDO, FL 32856**

Mailing Address
**P.O. BOX 560245
ORLANDO, FL 32856**



01222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2295954

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAGEN, LONNIE
4601 JUDY COURT
ORLANDO, FL 32839**

**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 Lonnie Hagen
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000160845
05/18/04-80006-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAGEN, LONNIE
P.O. BOX 2016
HURST, TX 76053**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(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: Lonnie Hagen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22/04

407 9275582