

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027355

1. Entity Name
DRAGONFLY INVESTMENTS, L.L.C.



Principal Place of Business
**80 MARK TWAIN LANE
ROTONDA WEST, FL 33947 US**

Mailing Address
**80 MARK TWAIN LANE
ROTONDA WEST, FL 33947 US**



02292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0487700

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAPMAN, NELSON B
80 MARK TWAIN LANE
ROTONDA WEST, FL 33947**

**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**

000000090899
03/17/04-80037-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHAPMAN, ELAINE A
80 MARK TWAIN LANE
ROTONDA WEST, FL 33947**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Elaine A. Chapman* **ELAINE A. CHAPMAN 3-12-04 697-0987**

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

Date

Daytime Phone #