

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90317 017 ****50.00

DOCUMENT # L02000028074 1. Entity Name KYLE R. DOERR - THE GARDENER, LLC					
Principal Place of Business 2767 LONGBOAT DR. FERNANDINA BEACH, FL 32034			Mailing Address 2767 LONGBOAT DR. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent CARPENTER, ROBERT S 2767 LONGBOAT DR. FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent 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 <u>Robert S Carpenter</u> <u>Robert S Carpenter</u> DATE <u>1/22/04</u> (Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when restatesting))					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TER, ROBERT C 2767 LONGBOAT DR. FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carpenter, Robert S. ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOERR, KYLE R 2767 LONGBOAT DR. FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carpenter, Michele D. 2767 Longboat Dr. Fernandina Bch, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carpenter, Michele D. 2767 Longboat Dr. Fernandina Bch, FL 32034 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Robert S Carpenter</u> DATE <u>1/22/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

* Amendment Accepted 8/03