


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00-AM
Secretary of State

DOCUMENT # L02000032123 1. Entity Name MIRA VITA, LLC	
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Principal Place of Business 2447 SONOMA DR NOKOMIS, FL 34275	Mailing Address 2447 SONOMA DR NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATATE, A. RICHARD
2447 SONOMA DR
NOKOMIS, FL 34275

**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**

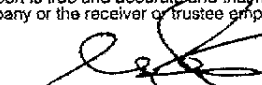
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATETE, MICHAEL L 2367 SONOMA DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATETE, JR, A. RICHARD 2447 SONOMA DR NOKOMIS, FL 34275
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04/20/04-80058-025 50.00

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

Date 4/15/04 Daytime Phone # 941 484-0248