2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 01, 2004 8:00 am
Secretary of State
05-05-2004 90004 005 ****50.00

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1. Entity Name
HUBLER & ROETTGER LLC

Principal Place of Business	Mailing Address
234 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952	234 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952

34007841

04302004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
76-0724065
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROETTGER, JOHN K
234 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952

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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: _____ Agent 4.30.04
Signature, type 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	MGRM
NAME	ROETTGER, JOHN K
STREET ADDRESS	234 E. MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	HUBLER, JOHN W
STREET ADDRESS	234 E. MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____ Controller 5.24.04 321.452.1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #