


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90189 041 ****50.00

DOCUMENT # L02000032864					
1. Entity Name THE SANCTUARY, LLC					
Principal Place of Business 1107 E. SILVER SPRINGS BLVD SUITE 8 OCALA, FL 34480			Mailing Address 7974 SE 12TH CIRCLE OCALA, FL 34480		
2. Principal Place of Business		3. Mailing Address PO Box 1057			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, FL		4. FEI Number 54-2084606	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34478		Country USA		01062004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BENTON, MELISSA 11521 SE 1ST STREET RD SILVER SPRINGS, FL 34488			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, LAN 7974 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>San Andrews</i> 2-5-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					