## 2004 LIMITED LIABILITY COMPANY

## May 07, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000033010** 05-07-2004 90003 012 \*\*\*\*50 00 W W OLDHAM, LLC Principal Place of Business Mailing Address 24067707 1312 COMMERCE LANE, SUITE 1A 1312 COMMERCE LANE, SUITE 1A JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Cha-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable 83-0353280 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLDHAM, WESLEY W Street Address (P.O. Box Number is Not Acceptable) 1312 COMMERCE LANE, SUITE 1A JUPITER, FL 33458 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **MGRM** ☐ Delete TITLE Change ☐ Addition OLDHAM, WESLEY W NAME NAME STREET ADDRESS 1312 COMMERCE LN STE 1A STREET ADDRESS CiTY-ST-ZIP JUPITER, FL 33458 CITY-ST- ZIP TIT1 F ☐ Chance Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ar . . . . ☐ Change ☐ Addition TITLE Delete TIT1 F THE WASTERS COUNTY SERVICE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP (presistion subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 11. I hereby certify that the i rate 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 Mustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability compan

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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561/746-8350

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