2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000034009



FILED Feb 26, 2004 8:00 am Secretary of State 02-26-2004 90203 010 ****50.00

	ON, LLC				l.				
27200 RIVE	nce of Business ERVIEW CENTER BLVD., STE. 309 RINGS, FL 34134	Mailing Address 27200 RIVERVIEW CENT BONITA SPRINGS, FL 34		309	1 M B 11	10110 17011 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10		1847 89 471 88 478	IBCEDI IFI IEBS
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212004	Chg-LLC	CR2E	083 (10/03)
City & State		City & State			4. FEI Number 65-117				Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$5.00 Ac Fee Requir	dditional red
	6. Name and Address of Current i	Registered Agent			7. Name and A	Address of New F	Registered	Agent	
`~~			Name						•
COHEN & GRIGSBY, P.C. 27200 RIVERVIEW CENTER BLVD., STE. 309 BONITA SPRINGS, FL 34134			Street	Address (F	P.O. Box Number	r is Not Acceptable	e)	,	•
			City	,			FL	Zip Cod	de
	e named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistered office of	or registere	ed agent, or both	, in the State of Fl	orida. Lam	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signs	iture required t	when reinstating)		DATE		· .
					S	14 A T 10 A T 1 A A	# 1 - 3 TO 1	(4) (4) (4) (4) (4) (4) (4)	
Filing Fee is \$50.00 Due by May 1, 2004				•			e check p		is the factor of the second of
	oue by may 1, 2004			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida	a Departm	ent of Sta	te
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9.	MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	 				* S * .		
9. TITLE	MANAGING MEMBER Sole Member Martin Kania	☐ Delete	TITLE				* S * .		
9. TITLE NAME	MANAGING MEMBER Sole Member Martin Kania 27200 Riverview Cente	☐ Delete	TITLE NAME				* S * .		
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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

President and Sole Member Martin Kania

239-390-1900