


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90072 034 ****50.00

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|--|--|---------------------------------|--|---|---|
| DOCUMENT # L02000034941 | | | |  | |
| 1. Entity Name LABELLE 316, L.L.C. | | | | | |
| Principal Place of Business 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 | | | Mailing Address 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 75-3105357 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 | | | 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) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 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 FULLENKAMP, DENNIS J 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STRAYHORN, MICHAEL M 2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33909 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARY JO WALKER, CRT 2026 WILNA STREET FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GEORGE AND MARY JO SANDERS, CRT 2026 WILNA STREET FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MICHAEL C. SANDERS, CRT 2026 WILNA STREET FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MICHAEL C. SANDERS, CRT 2026 WILNA STREET FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |