


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90027 029 ****50.00

DOCUMENT # L02000034945 1. Entity Name CORTEZ INVESTMENTS, LLC	
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Principal Place of Business P.O. BOX 14006 BRADENTON, FL 34280 US	Mailing Address P.O. BOX 14006 BRADENTON, FL 34280 US
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 68-0571161 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

CURTAN, JO A
2008 78TH ST. NW
BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTAN, JOANNE 2008 78TH ST N.W. BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTAN, JOSEPH 2008 78TH ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDEVREDE, KATHLEEN 520 BAYVIEW DR HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDEVREDE, DAVID 520 BAYVIEW DR HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JoAnne Curtan JOANNE CURTAN 4/6/04 941-795-7805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #