


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000000307							
1. Entity Name 14691 EDEN ST., FLORIDA LLC							
Principal Place of Business 14691 EDEN ST. FT. MYERS FL 33908			Mailing Address 14691 EDEN ST. FT. MYERS FL 33908				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc. <i>same</i>		Suite, Apt. #, etc. <i>same</i>					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number			
				Applied For <input checked="" 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			7. Name and Address of Next Registered Agent				
LARUE, CHERYL 14691 EDEN ST. FT. MYERS FL 33908			Name <i>Paul or Cheryl Larue</i>				
			Street Address (P.O. Box Number is Not Acceptable) <i>14691 Eden St.</i>			<i>same</i>	
			City <i>ft. myers</i>			FL	Zip Code <i>33908</i>
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 <i>Cheryl G. Larue</i>		(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LARUE, PAUL		NAME				
STREET ADDRESS	14691 EDEN ST.		STREET ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908		CITY-ST-ZIP				
			U00000051108 02/15/04-80037-U21 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				



MOORE CR2E083 (11/03)

OK

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cheryl G. Larue* 2/1/04 612-791-8353