


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90187 009 ****50.00

DOCUMENT # L03000001847	
1. Entity Name LAMORNA ENTERPRISES, LLC	

Principal Place of Business 10140 E. COUNTY HIGHWAY 30A 13 SUNSET BEACH PANAMA CITY BEACH, FL 32413	Mailing Address 10140 E. COUNTY HIGHWAY 30A 13 SUNSET BEACH PANAMA CITY BEACH, FL 32413
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2. Principal Place of Business 10140 E. COUNTY HIGHWAY 30A Suite, Apt. #, etc. A101 VILLAS AT SUNSET BEACH City & State PANAMA CITY BEACH, FL Zip 32413 Country USA	3. Mailing Address 19539 AMBERWOOD DRIVE Suite, Apt. #, etc. BRISTOL, IN City & State BRISTOL, IN Zip 46507 Country USA
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02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number EIN 47-0905457	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 JOHN MICHAEL MCKENNA 10140 E. COUNTY HIGHWAY 30A 13 SUNSET BEACH PANAMA CITY BEACH, FL 32413
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7. Name and Address of New Registered Agent Name ANTHONY (TONY) ROBERT WYNN Street Address (P.O. Box Number is Not Acceptable) 10140 E. COUNTY HIGHWAY 30A A101 VILLAS AT SUNSET BEACH City PANAMA CITY BEACH FL Zip Code 32413
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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 <u>A.R. Wynn</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/6/04</u>
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>A.R. Wynn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <u>2/6/04</u> Daytime Phone # <u>574-848-0233</u>	