

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002846

FILED  
May 07, 2004  
Secretary of State

**Entity Name:** ANGEL IN MY ARMS, LLC

**Current Principal Place of Business:**

9152 PHILLIPS GROVE TERRACE  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

9152 PHILLIPS GROVE TERRACE  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAPANKA, JACK  
9152 PHILLIPS GROVE TERRACE  
ORLANDO, FL 32836

**Name and Address of New Registered Agent:**

KAPANKA, JACK  
2604 TILTON CT  
ORLANDO, FL 32835

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.

SIGNATURE: JACK C. KAPANKA

05/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KAPANKA, JACK C MR.  
Address: 2604 TILTON CT.  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM ( ) Change (X) Addition  
Name: ROBINSON, ANNIE R MRS.  
Address: 9152 PHILLIPS GROVE TERRACE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JACK C. KAPANKA

MGR

05/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date