


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/12

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90131 010 \*\*\*\*50.00

<b>DOCUMENT # L03000004816</b> 1. Entity Name <b>THE REHABBER'S MARKETPLACE, LLC</b>					
Principal Place of Business <b>6542 HWY. 41 N. 203A APOLLO BEACH, FL 33572 US</b>			Mailing Address <b>6542 HWY. 41 N. 203A APOLLO BEACH, FL 33572 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>56-2318254</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALE, PAMELA G 476 N. FLORIDA CIRCLE APOLLO BEACH, FL 33572</b>			Name <b>PAMELA G. WALE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6520 BIMINI COURT</b> City <b>APOLLO BEACH</b> <b>FL</b> Zip Code <b>33572</b>		
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 <b>Pamela Wale</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-residing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Pamela G Wale 476 N. Florida Circle Apollo Beach, FL 33572</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Pamela G Wale 6520 Bimini Court Apollo Beach, FL 33572</b> <input checked="" type="checkbox"/> Change <input 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	
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	
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	
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: <b>Pamela Wale</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>1/9/04 (813) 645-8076</b> <small>Date Daytime Phone #</small>		

34000366



01082004 Chg-LLC CR2E083 (10/03)



Attachment  
34000366

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

January 15, 2004

THE REHABBER'S MARKETPLACE, LLC  
6542 HWY. 41 N.  
203A  
APOLLO BEACH, FL 33572 US

Subject: **THE REHABBER'S MARKETPLACE, LLC**

Reference Number: **L03000004816**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

- ✓ Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.
- ✓ List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314