
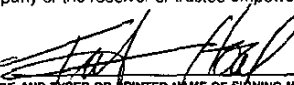


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90070 017 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L03000005800 1. Entity Name HOWE TO, LLC | | | |  | |
| Principal Place of Business 8655 CHARTER CLUB CIRCLE, SUITE #6 FORT MYERS, FL 33919 | | | Mailing Address 8655 CHARTER CLUB CIRCLE, SUITE #6 FORT MYERS, FL 33919 | | |
| 2. Principal Place of Business 18110 CONSTITUTION CIR Suite, Apt. #, etc. | | 3. Mailing Address 18110 CONSTITUTION CIR Suite, Apt. #, etc. | | | |
| City & State FT. MYERS, FL | | City & State FT. MYERS, FL | | 4. FEI Number 30-0148858 | |
| Zip 33912 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SCHUMANN, RAYMOND L C/O SCHUMANN LAW GROUP P.A. 27200 RIVERVIEW CENTER BLVD., SUITE 103 BONITA SPRINGS, FL 34134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOWE, TRENT 8655 CHARTER CLUB CIRCLE, SUITE #6 FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOWE, TRENT 18110 CONSTITUTION CIRCLE FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCGENNIS, DEBRA J 8655 CHARTER CLUB CIRCLE, SUITE #6 FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCGENNIS, DEBRA J. 18110 CONSTITUTION CIRCLE FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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  | | | Howe To, LLC by its Gen. Mgr. Trent A. Howe 4/23/04 239-489-1037 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |